

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Oliver Plunkett Hospital
Centre ID:	ORG-0000539
Centre address:	Dublin Road, Dundalk, Louth.
Telephone number:	042 933 4488
Email address:	kay.okeeffe@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Person in charge:	Kay O'Keefe
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced
Number of residents on the date of inspection:	83
Number of vacancies on the date of inspection:	15

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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 19 March 2014 11:00 To: 19 March 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The inspectors ascertained the views of residents and staff members, observed practices and reviewed documentation such as care plans, medical charts, accident logs and policies and procedures. Matters arising from the previous inspection carried out on 18 October 2012 and 16 July 2013 were examined. The outcomes related to risk management and the premises. Some matters have been satisfactorily actioned but others remain outstanding and will only be fully addressed when the current refurbishment work is completed. These matters will be restated in this report.

Kay O Keeffe, the person in charge was available throughout the inspection and facilitated the process.

The inspectors found that residents were positive in their feedback and expressed satisfaction about the facilities and services and care provided. Residents were complimentary about their day to day life experiences, the centres' routines, meals provided and the staff team.

The centre is registered to accommodate 83 residents. There was evidence that residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents had opportunities to

participate in meaningful activities, appropriate to their interests and capacities.

Measures in place were effective in protecting residents from risks or being harmed or suffering abuse. All the risks which had been identified during the previous inspection had been actioned with the exception of fire safety. Some staff had not participated in fire safety training.

In the main, the centre was comfortable and homely for residents, however major refurbishment work is being carried out to ensure compliance with the legislation and Standards.

The inspectors found that there was adequate staff to meet the needs of the residents being accommodated and staff were appropriately supervised and knowledgeable.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland

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 2009 (as amended) 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. A copy of the updated statement of purpose was available for the inspector during the inspection. The provider was aware of the need 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.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was being managed by a suitably qualified and experienced nurse. She had authority and was accountable and responsible for the provision of the service. She is a registered nurse and has experience of working with older persons. She works

full time in the centre. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to residential/nursing care. She is supported in her role by two senior staff nurses, nursing, care administration, maintenance, kitchen and domestic staff, who report directly to her. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse.

There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The matters arising from the previous inspection had been satisfactorily actioned with the exception of low to medium fire safety risks identified and reported previously by the fire safety officer. The inspectors were informed that this matter will be fully addressed on completion of the current refurbishment programme.

In the main, the health and safety of residents, visitors and staff was promoted and protected. Regular inspections and records were maintained by the maintenance staff member and an external company of the fire alarm system and fire equipment. However there was evidence that not all staff had participated in fire safety training. The fire plan was displayed in various parts of the building. There were magnetic hold open devices on internal doors. Emergency lighting was provided throughout the building.

Risk management policies, procedures and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. An examination of the premises showed that there were aspects which took account of controlling/minimising the risks associated with the environment. For example, an emergency call bell system was extensively available, handrails were provided in circulating areas and grab support rails found in shower and toilet areas. There was an up-to-date health and safety statement and an emergency plan.

Resident's needs and mobility had been risk assessed to indicate the equipment necessary and the number of staff required to safely transfer residents by hoist.

The inspectors examined the records of accidents and incidents. In order to minimise the risk of re-occurrences action plans had been devised and put in place.

The inspectors observed two staff members transfer a resident from a wheelchair to a dining room chair. This was carried out satisfactorily and in accordance with good practice guidance.

The centre was clean and a domestic staff member on duty, who communicated with the inspectors, described the equipment and methods used to clean residents' bedrooms which was in accordance with the good practice guidance.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors were informed by staff nurses that there was a policy and procedures to guide them in the management of residents' medication. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medications.

The inspectors observed staff in charge of medicines administer these to residents. Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents' medicines on a monthly basis. The inspectors were informed that audits of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined a number of medicines available and this corresponded to the register.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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 inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents, incidents involving evacuation.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physiotherapists and specialists in wound care.

From the documentation and information received from residents the inspectors saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. Some residents told the inspectors about participating in spiritual activities which were very meaningful to their lives while others described outings with their family members and organised quizzes and crafts in the centre.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. A review process was in place.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre which accommodates up to 83 residents is a single-storey building situated in the grounds of the Louth County Hospital. There are 4 separate units, St Cecilia's and St Patrick's accommodating female residents, St Josephs accommodating male residents and St Gerard's designated to care for 17 residents with dementia.

In general, the centre is homely clean and comfortable for residents, however, it is not fully compliant with the regulations and standards relating to the premises and these matters have been identified in previous inspection reports. For example the size of single bedrooms, multi-occupied wards, insufficient number of wash hand basins, deteriorating paintwork/general maintenance and externally the resurfacing of grounds and upgrading of footpaths. The Authority has been kept informed of the plans to ensure the centre's compliance with the legislation and the inspectors saw that refurbishment work has been commenced and that the worksite had been made secure. The action plan of this report restates the regulatory requirement in respect of the premises.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. The inspectors observed the lunchtime meal and saw that the food was properly served, was wholesome and nutritional. Menus showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive manner. Residents confirmed their satisfaction with mealtimes and food provided.

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.

Theme:
Workforce

Judgement:
Compliant

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

Findings:
From an examination of the day time staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge. The inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They had access to education and training to meet the needs of residents. The inspectors were informed that the relevant registration status with persons working at the centre was current.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Siobhan Kennedy
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 report¹

Centre name:	St. Oliver Plunkett Hospital
Centre ID:	ORG-0000539
Date of inspection:	19/03/2014
Date of response:	14/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Adequate precautions had not been taken against the risk of fire as the Authority had not been informed that the low to medium fire safety risks identified and reported by the fire safety officer had been actioned.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

A consultation process took place with the Fire Officer in 2012 to address the low and medium rated risks identified in the fire report. See provider's response to inspection report 18/12/12. It was agreed at the time that the medium and low fire safety risks

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

would be addressed in the major refurbishment programme which commenced on 3/3/14

Proposed Timescale: 31/08/2015

Theme: Safe Care and Support

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

All staff had not participated in fire safety training.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Two further fire training sessions have been organised to facilitate staff who had not completed the yearly fire training requirement.

Proposed Timescale: 28/04/2014

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 size and layout of all the rooms occupied and used by residents was not suitable for their needs.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

The major refurbishment programme commenced on 3/3/14 will address the size and layout of all rooms in order to ensure compliance with the regulatory requirements.

Proposed Timescale: 31/08/2015

Theme: Effective Care and Support

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

All parts of the designated centre had not been suitably decorated.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

The ongoing Refurbishment programme will ensure compliance with regulatory requirement in relation to this issue.

Proposed Timescale: 31/08/2015

Theme: Effective Care and Support

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

There were areas of rust on some floor tiles and equipment and the formica surrounding wash hand basins was chipped.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

The refurbishment programme will address issues in relation to floor covering and wash hand basins.

Proposed Timescale: 31/08/2015

Theme: Effective Care and Support

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

Aspects of the external grounds were not suitable and safe for residents.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

The need for resurfacing of grounds and upgrading of footpaths and road markings has been prioritised in the 2014 minor capital requirements.

Proposed Timescale: 31/08/2015

Theme: Effective Care and Support

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

There were insufficient number of wash hand basins for residents' use.

Action Required:

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

Wash hand basins with thermostatic control valves will be installed as part of the ongoing refurbishment programme.

Proposed Timescale: 31/08/2015