<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St. Brigid’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>ORG-0000672</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Carrick on Suir, Tipperary.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>051 640 025</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:Ann.Guida@hse.ie">Ann.Guida@hse.ie</a></td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Breda Kavanagh</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Ann Guida</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Louisa Power</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>16</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>2</td>
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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 announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 March 2014 09:05  To: 19 March 2014 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Statement of Purpose</td>
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<tr>
<td>03</td>
<td>Suitable Person in Charge</td>
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<tr>
<td>06</td>
<td>Safeguarding and Safety</td>
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<td>07</td>
<td>Health and Safety and Risk Management</td>
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<td>08</td>
<td>Medication Management</td>
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<td>Health and Social Care Needs</td>
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<td>12</td>
<td>Safe and Suitable Premises</td>
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<td>Complaints procedures</td>
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<td>15</td>
<td>Food and Nutrition</td>
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<tr>
<td>18</td>
<td>Suitable Staffing</td>
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</table>

Summary of findings from this inspection
This inspection was the second inspection of the centre by the Authority. As part of the monitoring inspection, the inspector met with provider, person in charge, staff members, residents and relatives. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The provider, person in charge and members of the management team displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents.

The inspector found that St. Brigid's Hospital was clean and bright. Residents received a good standard of healthcare and a system was being put in place to review the quality and safety of care. There was good communication between staff and residents and relatives. There was evidence of the involvement of members of the multidisciplinary team on a regular basis in the residents care, with good access to general practitioner (GP) services.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Residents' and relatives' comments are reflected
The inspector found that the premises posed numerous challenges in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in multi-bedded rooms. There were no dining room or day room and there were generally insufficient sitting areas for residents. The social needs of residents were not addressed or catered for as there were no staff designated as activities coordinator and residents were offered little opportunity to engage in meaningful activities. Mealtimes were found not to be social occasions for any of residents and residents spent their day by their bedside many in multi-occupancy rooms. Improvements required are described under each outcome statement and are set out in detail in the action plan at the end of this report. Improvements were 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. Some of these included improvements in the following areas:

- a review of the statement of purpose to include all of the required elements listed in Schedule 1 of the regulations
- identification and implementation of controls to manage specific risks including smoking
- development of a written emergency plan
- fire safety practices
- medication management practices
- improvements to premises
- complaints policy and procedure
- maintenance of staff files.

**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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose consisted of the aims, ethos and vision of the designated
centre and the facilities and services that were to be provided for residents. The statement of purpose had been revised in September 2013 and was made available for residents and staff to read. The inspector observed that the ethos as described in the centre's statement of purpose was actively promoted by staff.

However, not all items listed in Schedule 1 of the regulations were detailed in the statement of purpose, namely the age range and gender of residents for whom it intended that accommodation should be provided, arrangements for consultation with residents about the operation of the designated centre, complaints procedure, arrangements for dealing with reviews of a resident's plan and the number and size of rooms.

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:
There was a full-time person in charge who was the director of nursing and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. She had augmented her basic qualification with a degree in healthcare management.

The person in charge was engaged in the governance and operational management of the centre on a regular and consistent basis.

Staff to whom the inspector spoke had a clear understanding of management and reporting relationships and confirmed that the person in charge was readily available to support all staff. In the absence of the person in charge, the key senior manager or the senior staff nurse on duty undertook her responsibilities.

During this inspection, the person in charge demonstrated a good knowledge of the regulations and the Authority’s standards.
### 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:
The person in charge and all staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse. The inspector reviewed the centre-specific policies on the prevention and management of abuse, which had been updated in May 2012. The policy was comprehensive and provided details in relation to the various stages/actions required by staff in effectively responding to an allegation to adult abuse. Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents.

During the day of inspection, the inspector observed the staff speaking and interacting with residents and visitors in a sensitive and considerate way. Residents with whom inspector spoke confirmed that they felt safe and spoke positively about the care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. Staff confirmed their understanding of the features of adult abuse, their reporting obligations and how they might deal with a suspected incident of abuse.

The person in charge confirmed that, due to the short length of stay, residents managed their own finances.

### 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 - Moderate

#### Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.
Findings:
There was a general health and safety statement in place reviewed in 2014. A separate safety statement was in place for the physiotherapy department which was last reviewed in June 2012. The inspector reviewed the comprehensive risk management policy, last reviewed in 2012, which included the management of hazards and the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspector viewed both risk registers which identified hazards such as slips, trips and falls and manual handling risks, with detailed measures/controls aimed at reducing such hazards. There was evidence of ongoing review of the risk registers. Controls were implemented for many of the risks specified in the regulations except self-harm. The inspector also noted that the risk of smoking in the centre had not been assessed.

The inspector noted that a list of useful contacts in an emergency was displayed in the nurses' station and staff demonstrated knowledge of appropriate actions to take in the event of emergencies. However, the person in charge confirmed that there was no written emergency plan in place.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The person in charge was seen to liaise with the local clinical risk manager.

The inspector observed that suitable fire equipment was provided and that there was an adequate means of escape. Fire exits were seen to be unobstructed. The procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that staff had received annual fire training. Staff demonstrated good knowledge on the procedure to follow in the event of a fire. The inspector saw that fire alarms were serviced quarterly, most recently in March 2014. Fire safety equipment was serviced on an annual basis, most recently in September 2013. Records were in place to confirm that fire drills took place on a quarterly basis, most recently in October 2013. A fire safety meeting had taken place in September 2013. However, the inspector saw and the person in charge confirmed that there were no arrangements in place for regular checks of fire precautions.

The inspector saw that staff had available to them contemporary evidence-based equipment to assist them in moving techniques in resident care (manual handling). The hoist was last serviced in November 2013 as per manufacturer's guidelines. The staff matrix indicated that three members of nursing staff and one member of support staff had not attended refresher manual handling training. Manual handling plans were in place for each resident; the plans reviewed identified the specific equipment and the number of staff required for a variety of manual handling tasks.

Grabrails were fitted in some appropriate areas such as residents' baths but handrails were not installed and the inspector noted that some residents' mobility was restricted as a result.

Infection control practices were guided by national guidelines and policies. Staff had received hand hygiene training. The inspector observed that an adequate number of
hand gel dispensers and handwashing sinks were available for staff, residents and visitors. The inspector saw that there were adequate supplies of latex gloves and plastic aprons provided. Staff with whom the inspector spoke demonstrated adequate knowledge in infection control processes.

The inspector spoke with staff who undertake cleaning duties. The inspector saw evidence of a regular cleaning procedure and routine. The cleaning processes outlined by staff to the inspector were in keeping with best practice.

The inspector noted that a designated smoking area was not provided for residents and residents smoked in an area in the grounds. Individualised risk assessments were not completed for residents who smoked. The inspector saw that residents were not adequately supervised when smoking nor could residents raise the alarm in an emergency. The inadequate safety precautions in place for risk managing smoking were discussed with the person in charge and the provider who stated that this would be reviewed as a matter of urgency.

There was a contract in place for the management of clinical waste and documentation in relation to the transportation of clinical waste was made available to the inspector.

Health and safety meetings were held on a quarterly basis and attended by the person in charge, deputy general manager, a representative from technical services, fire officer and health and safety advisor.

Records of regular water quality and temperature testing were kept onsite and made available to the inspector.

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**Outcome 08: Medication Management**

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

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The inspector noted that there was a written operational policy relating to the ordering, prescribing, storing and administration of medicines to residents. The policy was comprehensive, centre-specific and was reviewed in April 2013.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. However, the temperature of the refrigerator used to store
medications was not recorded on a consistent or regular basis to ensure medications are stored at an appropriate temperature.

Access was not restricted to the area where medications were stored and the refrigerator was not lockable.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was not stated on the prescription. PRN medications were not administered on a regular or routine basis.

The inspector noted that nurses did not transcribe medication prescription records and this is in line with the centre-specific policy.

The nursing staff confirmed that medication management audits were not completed.

Medication prescription sheets were current and contained many of the required elements. The prescription sheets did not contain a photograph of the resident and the signature of the prescriber was not present when medications were discontinued.

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

The targeted length of stay is short and the residents at the time of inspection had a length of stay of approximately 12 weeks. The process for reviewing medication once every three months by the medical officer did not apply to these residents but the inspector saw that the medical officer reviewed medication on an ongoing basis.

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Theme:</th>
</tr>
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<tbody>
<tr>
<td>Effective Care and Support</td>
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<th>Judgement:</th>
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<table>
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<th>Outstanding requirement(s) from previous inspection:</th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<table>
<thead>
<tr>
<th>Findings:</th>
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There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that four GP practices were currently attending to the need of the residents and an "out of hours" GP service was available if required.

The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling and the promotion of influenza vaccination. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including physiotherapy, speech and language therapy, palliative care and dietetics.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, nutrition and cognition. The inspector noted that residents and relatives were actively involved in the development of care plans.

There was evidence of good practice in relation to wound prevention and management. Care reviewed was evidence-based with preventative equipment, wound assessments, care plans and progress notes in place. However, anatomical diagrams or photographs were not updated to monitor the progress of the wound in line with national guidance.

The process for reviewing care plans once every three months did not apply to the residents due to their short length of stay. However, the inspector saw that the care plans were subject to ongoing review.

In relation to restraint practices, the inspector observed that a centre-specific policy was in place, an assessment tool was available and an information sheet had been devised for residents and their representatives.

The inspector found that there was little emphasis on the social needs of residents and there was no programme of activities in place. The inspector observed that the residents spent the day by their beds. The inspector observed the residents spent long periods of the day with no social stimulation provided for them apart from reading, completing crossword puzzles or watching the television.

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:
No actions were required from the previous inspection.

Findings:
St. Brigid’s District Hospital is a three-storey building. Resident accommodation is located on the ground floor and first floor. The offices of the person in charge and the administrator are located on the ground floor. A nurses’ station is located on the first floor. The second floor has a physiotherapy room, staff changing facilities, staff dining area and general storage rooms. The building is provided with a fully serviced lift between all of the floors.

The main entrance leads into a reception area where the administration and director of nursing offices are located. A corridor runs the length of the ground floor, at one end is the kitchen. Resident accommodation on the ground floor comprises of three single palliative care rooms. Each palliative care room has en suite facilities with a shower, toilet and wash-hand basin as well as a seating area and kitchenette for visitors. On the first floor there are two five-bedded rooms, one two-bedded room and a single room. There are three toilets, two showers, and two sluice rooms.

The grounds to the front of the building are used mainly for car parking. There is a well maintained walled garden to the rear of the building.

St. Brigid’s Hospital was observed to be bright and clean. However the inspector found that the premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The inspector found that the centre required a number of actions to ensure it met the requirements of legislation. The majority of residents were accommodated in multi-occupancy rooms which afforded little space or privacy. These rooms were generally not personalised. There was insufficient communal space for residents anywhere in the centre as there was no day room and there was no separate dining room or separate room for activities.

The sluice room contained appropriate equipment and facilities. There was sufficient assistive equipment in place and adequate storage for this. However, the inspector noted that access to the sluice room was not restricted.

There were a sufficient number of bathrooms, shower rooms and toilets. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. There was ample storage space for special equipment, which was in good condition.

The provider was requested to review the current closed circuit television (CCTV) policy and coverage. Consent was obtained from residents and the monitor was located in the nursing station. However, cameras monitored and recorded resident, staff and visitor activity in some bedrooms. The Authority’s Standards advise that CCTV, where used,
does not intrude on the privacy of the resident.

###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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The inspector viewed the centre-specific complaints policy based on the HSE policy and procedure for comments, compliments and complaints – “Your Service Your Say”. Leaflets outlining the policy and procedures and giving advice on how to make a complaint were available in a stand in the reception area but the procedure was not displayed prominently. However, this policy does not meet the requirements of the regulations there was no independent appeals process included or a nominated person, independent of the complaints officer, to ensure that complaints are appropriately responded to and that appropriate records are maintained.

The complaints officer stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received.

Residents to whom the inspector spoke with confirmed that any complaints they might have were dealt with satisfactorily. The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints.

###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:
The inspector observed that mealtimes were not social occasions. There were no dining facilities available for residents’ use and the residents all had their meals by their beds in their bedrooms. As previously described the majority of the bedrooms were multi-occupancy rooms which did not afford residents any space or dignity during mealtimes. Residents were not offered the choice to move to a different area for their meals as is required by legislation. This is covered under outcome 12.

The food was seen to be nutritious and residents stated they enjoyed the food served, had choice and served adequate portions. There was a good menu cycle. The kitchen staff told inspector that they advised the kitchen of the residents’ requirements in advance. The dietary needs of residents were conveyed by nursing staff to the kitchen staff. The inspector saw specialist diets and residents likes and dislikes documented on a board in the kitchen. The inspector noted that residents were afforded choice with mealtime with some residents requesting a later time for the evening meal.

The inspector noted that adequate staff supervision and assistance was provided in a respectful and discreet manner as necessary.

The inspector observed that residents had access to drinking water at all times. Jugs of drinking water and glasses were present by the bedsides of residents.

The inspector saw that policies were in place for the monitoring and documentation of nutrition, supported nutrition and the management of hydration. These policies were centre-specific, comprehensive and guided practice.

The kitchen was clean. There was a food safety management system in place and there was no evidence non-compliance with the requirements of food safety authorities. Kitchen staff had received food handling training and were knowledgeable of their role and responsibilities.

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:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.
Findings:
There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated on the day of inspection and the effective operational management of the service. There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff.

A sample of staff files was reviewed and contained many of the required elements. However, a number of staff files did not include a recent photograph. There was evidence of effective recruitment procedures including the verification of references.

The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses’ office. The inspector noted that copies of both the regulations and the Authority's standards were available. Staff confirmed they had attended training and were also able to articulate adequate knowledge and understanding of the regulations and the Authority’s standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies - the programme reflected the needs of residents. Further education and training completed by staff included courses on palliative care, dementia and nutrition.

The inspector saw that confirmation had been sought by the person in charge from the relevant agency that all the required paperwork was maintained and training was completed for agency staff employed.

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:
Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: St. Brigid's Hospital
Centre ID: ORG-0000672
Date of inspection: 19/03/2014
Date of response: 22/04/2014

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 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all items listed in Schedule 1 of the regulations were detailed in the statement of purpose, namely the age range and gender of residents for whom it intended that accommodation should be provided, arrangements for consultation with residents about the operation of the designated centre, complaints procedure, arrangements for dealing with reviews of a resident's plan and the number and size of rooms.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The Statement of Purpose will be amended to reflect the required elements as outlined in the regulations.

**Proposed Timescale:** 01/07/2014

### 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:**
There was no written emergency plan in place.

**Action Required:**
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
An Emergency Plan will be drawn and put in place. Staff will be trained on the emergency plan. The above actions will be complete by 1/6/2014

**Proposed Timescale:** 01/06/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not cover a number of risks within the centre and the precautions in place to control these risks.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
The Director of Nursing will review the Risk Assessments and ensure that they include all the necessary requirements to comply with the regulations.

**Proposed Timescale:** 01/08/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not cover the precautions in place to control the risk of self-harm.
**Action Required:**
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Please state the actions you have taken or are planning to take:**
The Director of Nursing will review the Risk Assessments and risk management policy to ensure that they include all the necessary requirements to comply with the regulations.

**Proposed Timescale:** 01/08/2014  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Handrails were not installed in circulation areas.

**Action Required:**
Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

**Please state the actions you have taken or are planning to take:**
The Director of Nursing will speak with the maintenance manager. Resources and funding will have to be sought.

**Proposed Timescale:** 01/06/2015  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A number of staff members had not received refresher training in manual handling.

**Action Required:**
Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

**Please state the actions you have taken or are planning to take:**
This has been addressed and the 4 staff who were not up to date with their Manual Handling training have been booked on training days in April and May 2014.

**Proposed Timescale:** 31/05/2014  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No arrangements were in place for regular checks of fire precautions.

**Action Required:**
Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

**Please state the actions you have taken or are planning to take:**
Arrangements will be made whereby regular checks of fire precautions are carried out and records maintained.

**Proposed Timescale:** 01/06/2014

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**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access was not restricted to the area where medications were stored and the refrigerator was not lockable.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
The Clinical Nurse Manager has requested the maintenance provide a locking system for the access door to the treatment room. Funding and resources will have to be sought.

**Proposed Timescale:** 01/06/2015

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**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The prescription charts did not include a photograph of the resident and the signature of the prescriber was not present when medications were discontinued.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
Medical staff have been spoken to regarding the signing of charts for discontinuation of medications as well as prescribing. Nursing staff will continue to remind GPs of safe
<table>
<thead>
<tr>
<th>Proposed Timescale: 24/04/2014</th>
<th>Theme: Safe Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>The maximum dose of PRN medications was not stated on prescriptions.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Medical staff have been spoken to regarding the signing of charts for discontinuation of medications as well as prescribing. Nursing staff will continue to remind GPs of safe practice.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Proposed Timescale: 24/04/2014</th>
<th>Theme: Safe Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>The temperature of the refrigerator used to store medications was not monitored on a regular and consistent basis.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>A temperature recording chart will be devised and regular fridge temperature checks will be carried out and recorded.</td>
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</tbody>
</table>

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<tr>
<th>Proposed Timescale: 01/06/2014</th>
<th>Theme: Safe Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Audit of medication management was not completed on an ongoing basis.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 33 (1) you are required to: Put in place appropriate and suitable</td>
</tr>
</tbody>
</table>
practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
A medication audit tool will be devised based on our administration record. Nursing staff will be trained on the use of the tool. Regular audits of medication management will be carried out.

**Proposed Timescale:** 01/09/2014

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The inspector found that there was little emphasis on the social needs of residents and there was no programme of activities in place. The inspector observed that residents spent the day by their beds. The inspector observed the residents spent long periods of the day with no social stimulation provided for them apart from reading, completing crossword puzzles or watching the television.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Patients hobbies and likes/dislikes are discussed with them on admission. Our patients are generally in ill health, recovering from surgery, or at End of Life. The potential for introducing more activities for patients will be discussed at staff meetings.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/12/2014</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Anatomical diagrams or photographs were not updated to monitor the progress of a wound in line with national guidance.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>A camera is available to staff. This matter has been addressed and rectified.</td>
</tr>
</tbody>
</table>
## 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 majority of residents were accommodated in multi-occupancy rooms which afforded little space, privacy or room for personal storage.

**Action Required:**
Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

**Please state the actions you have taken or are planning to take:**
The building of extra accommodation to provide a communal space will be discussed with senior HSE Management and Maintenance Personnel.

**Proposed Timescale:** 24/04/2014

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**Proposed Timescale:** 01/06/2015

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no day room provided.

**Action Required:**
Under Regulation 19 (3) (h) you are required to: Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

**Please state the actions you have taken or are planning to take:**
The building of extra accommodation to provide a communal space will be discussed with senior HSE Management and Maintenance Personnel.

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**Proposed Timescale:** 01/06/2015

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There is no dining room provided.

**Action Required:**
Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.
Please state the actions you have taken or are planning to take:
The building of extra accommodation to provide a communal space will be discussed with senior HSE Management and Maintenance Personnel.

**Proposed Timescale:** 01/06/2015

**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:
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not a nominated person, independent of the complaints officer, to ensure that complaints are appropriately responded to and that appropriate records are maintained.

**Action Required:**
Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Please state the actions you have taken or are planning to take:
The Hospital Administrator has been approached and has agreed to undertake this role.

**Proposed Timescale:** 24/04/2014

**Theme:** Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An independent appeals process was not included in the complaints policy.

**Action Required:**
Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

Please state the actions you have taken or are planning to take:
This policy has been amended to include the information on the Independent Appeals process.

**Proposed Timescale:** 24/04/2014

**Theme:** Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not displayed prominently.

**Action Required:**
Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
The Complaints Procedure is on the wall in the entrance hall to the hospital for all patients and visitors to see. A copy of the Complaints policy is located in the DON office and the Nurse station.

**Proposed Timescale:** 24/04/2014

| Outcome 18: Suitable Staffing |
|------------------------------|---|
| **Theme:** Workforce          |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff files did not contain a recent photograph.

**Action Required:**
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Please state the actions you have taken or are planning to take:**
All staff have been asked to provide the DON with a form of photo identification. When all gathered these will be placed in the staff files.

**Proposed Timescale:** 01/07/2014