Health Information and Quality Authority
Regulation Directorate

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

Centre name:	St. Ita's Hospital
Centre ID:	OSV-0000664
Centre address:	Gortboy, Newcastlewest, Limerick.
Telephone number:	069 62311
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maria Bridgeman
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	83
Number of vacancies on the date of inspection:	5

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
06 August 2014 08:45	06 August 2014 18:00

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

Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
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

Summary of findings from this inspection

This inspection was thematic in its approach but the inspector also followed up on some of the actions that had emanated from the last inspection of the 15 and 16 October 2013. On the day of inspection there were 83 residents receiving care in the centre of both short and long term duration. The person in charge was on annual leave but the inspector was satisfied that appropriate governance arrangements were in place. The centre provides accommodation to residents in four separate units including a 12 bed rehabilitation unit. The inspector completed a visual inspection of the dementia specific unit the Orchid Unit, and undertook the inspection in the two larger continuing care units, the 37 bed Camellia unit and the 24 bed Bluebell unit. The inspector was satisfied that the standard of care delivered to residents was good and that all staff spoken with demonstrated responsibility and accountability and were conversant as to the needs and requirements of the residents.

Prior to this inspection the centre was requested to complete and submit to the Authority a self assessment questionnaire on the two core inspection outcomes of food and nutrition and end of life care and to forward questionnaires to the families of deceased residents for completion on a voluntary basis. The feedback received from family members was consistently positive and the person in charge had evaluated the centre as in minor non-compliance with both outcomes.

There was significant evidence of good care and practice in both nutrition and end of

life care. The inspection findings concluded that residents' nutritional needs were appropriately met. The inspector was also satisfied that each resident was supported to achieve a comfortable and dignified death, however residents' preferences and choices were not always ascertained and recorded and care was not directed by a specific end of life or palliative care plan.
In addition to the thematic aspect of the inspection the inspector reviewed ten of the actions that emanated from the last inspection. There was evidence of action taken as outlined in the provider's response to the action plan and the inspector was satisfied that seven actions were addressed but three were not.

Overall minor non-compliances were identified in the maintenance of complaints records and in end of life care. A moderate non-compliance was identified in the infection prevention and control procedures.

A moderate non-compliance was also identified under outcome 12: Premises. However as the action plan submitted by the provider did not satisfactorily address the failings identified in this report, and having been offered two opportunities to submit a response, the Authority has taken the decision not to publish the response to the action plan pertinent to this outcome and is considering further regulatory action in relation to this issue.

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 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspector spoke with staff and reviewed records pertaining to staff training in the prevention, detection, reporting and management of any alleged, suspected or reported abuse. The inspector was satisfied that the provider had satisfactorily implemented the actions outlined in the response to the last action plan. Records seen indicated that there was a system in place for monitoring staff attendance at training, staff identified as requiring training or refresher training were identified and prioritised and training was provided on an ongoing basis. The records indicated and management confirmed that 129 staff had attended training in 2013 and 2014 with further training planned.

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

Findings:
The inspector was not satisfied that all procedures were consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. The inspector noted and staff spoken with confirmed that eight of the nine available bedrooms including all of the multi-occupancy rooms had signage in place advising that infection prevention and control contact precautions were in place. A communication tool for staff in the nurses' station indicated that contact precautions were applicable to 78% of residents accommodated. However, while on the unit the

inspector did not observe the implementation of contact precautions by staff to a level that would reflect these figures and they were generally not seen to be used by staff entering and leaving the rooms. Staff spoken with were unclear as to why and to whom the contact precautions applied. There was evidence to support that residents continued to be at risk of acquiring a healthcare associated infection by the continued placement and treatment of residents with an infection in multi occupancy rooms.

Judgment:
Non Compliant - Moderate

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:
Person-centred care and support

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

Findings:
Based on the sample of care plans seen the inspector was satisfied that each resident's needs were comprehensively assessed utilising the DML assessment tools augmented by a suite of evidence based assessment tools. Where the assessment indicated that a care plan was required that care plan was in place. The care plan identified the specific problem, the goal of care and the interventions required to achieve that goal. The inspector saw that plans of care were both evidence based and personalised and were reviewed and updated at a minimum three monthly but in reality more frequently in line with the resident's changing needs. The inspector saw narrative records to support that the plan of care was discussed with the resident or family as appropriate

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:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:
On the day of inspection the inspector found the premises to be visibly clean, adequately heated, lighted and ventilated, in a good state of repair and in good decorative order. Incremental improvements have been made by the provider over the course of inspections of the centre.

Previous inspections by the Authority had established that the Gardenia Unit was not fit for purpose. The inspector saw as outlined in the response to the last action plan that the provider had closed the Gardenia unit and opened the purpose built dementia unit that had been unoccupied since its construction some years previously. Residents from Gardenia unit had been relocated to the dementia unit, the Orchid unit, or to other units in the centre dependent on their clinical needs. On visual inspection the inspector saw that the dementia unit was finished to a high standard, was a tranquil environment, residents were accommodated in two single and five twin en-suite bedrooms, adequate dining and communal space was provided, internal walkways were safe, facilitated independence and orientation with areas of interest and diversion and there was ready access to a safe and secure garden. Further facilities provided to residents included a hairdressing salon and a pleasing room for prayer and quiet reflection.

However, having regards for the needs of the residents other aspects of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector found that residents in Bluebell and Camellia units did not have access to a safe accessible outdoor area. The provider has indicated that this would be provided in line with the construction of the new rehabilitation unit and the inspector saw that these construction works were ongoing.

The provider has reduced the number of residents accommodated in multi-occupancy rooms. Bluebell retains two multi occupancy rooms, one four bedded and one three bedded. Camellia unit accommodates 37 residents and 35 of these residents are accommodated in seven five bedded rooms. On a day to day basis the multi-occupancy rooms present challenges to staff as discussed in end of life care and infection prevention and control.

There is a dual purpose communal/dining area in Camellia Unit, access to a dining area shared with the rehabilitation unit is available but this is located off the unit and is not suited to the needs and dependency levels of all residents and would also require of staff that they supervise and provide assistance in two areas at mealtimes, one of which is removed from what was seen to be a busy clinical area. The current design and layout of the communal/dining area does not adequately meet the needs of the residents with many more independent residents seen to take their meals at their bedside.

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:
As part of the thematic process the inspector reviewed the complaints log for 2014 and saw that two complaints were recorded. There was documentary evidence that both complainants were listened to and that actions were taken as necessary in response to the matters complained of. However, there was no evidence of feedback to the complainant and whether or not they were satisfied as to the outcome of the complaint. In one instance a complaints record that was in addition to and distinct from the residents individual care plan was not maintained.

Judgment:
Non Compliant - Minor

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:
End of life care and practice was guided by a suite of policies including procedures for the nursing verification of death, notification requirements and the facilitation of differing religious and cultural practices. The inspector was satisfied having spoken with staff and having reviewed the relevant documentation that policies were known and implemented. There was an end of life committee in place comprised of different grades of staff and minutes of their meetings indicated that they actively reviewed end of life care and practice, identified areas for improvement and followed up on the actions taken. For example, the inspector saw that changes had been made to the procedure for transferring the remains of the deceased to the chapel or from the centre to enhance the dignity of the process and staff confirmed this changed practice.

There was an active programme of staff training facilitated by accredited end of life organisations. 42 staff had attended training in 2013 and two staff had trained as facilitators so as to provide further training. There was also a proposal to extend the training programme to families of residents. Nursing staff had completed training on the management of syringe drivers in 2012 and one staff nurse had completed a postgraduate certificate in essential palliative care. An independent audit of end of life

care had been completed in 2014.

The inspector reviewed a random and purposeful sample of nursing and medical records including records of deceased residents and was satisfied that residents were supported to achieve a comfortable and dignified death. There was documentary evidence that staff monitored symptoms, were attuned to any changes and sought appropriate medical intervention to alleviate symptoms including pain, nausea and anxiety. Medical review and treatment was available to residents twice daily five days a week, was evidenced on the day of inspection and in the medical records of frequent and timely medical review including out of hours cover. Where indicated care was supported by the specialist palliative care team and there were clinical records to this effect. Family members were communicated with and facilitated to be with the resident and a designated room was available with seating including a bed-settee and facilities for making light refreshments. Staff spoken said that many families however choose to remain on the unit with the resident and this was always facilitated.

Adequate provision was in place for meeting residents' spiritual and religious needs. There was a spacious chapel on site that was frequently used for the repose of the remains and records seen confirmed that spiritual care and comfort was provided at end of life.

There were procedures in place for the management of unanticipated deaths and clinical decisions to not attempt resuscitation. The latter were clearly recorded and reviewed on a quarterly basis. There was documentary evidence that where a resident refused treatment including active intervention that this was discussed with the resident and supported by the appropriate medical record.

The inspector saw verified records of the return of personal possessions to family members.

Notwithstanding the significant evidence of good practice and the monitoring of end of life care and practice, deficits were identified by this inspection process and these concur with the findings of the independent audit mentioned earlier. Resident's preferences and choices were not always ascertained and recorded and care was not directed by a specific end of life or palliative care plan. Based on the eight clinical records seen including nursing narrative records, there was evidence in three only that residents and families as appropriate were consulted with in relation to end of life choices and preferences. While there were plans of care for individual problems such as pain or nausea, where appropriate and as based on the residents assessed needs there was no one clear specific end of life care plan.

The multi occupancy rooms posed challenges to staff to provide for and facilitate the option of a single room; this is discussed again in Outcome 12. Staff spoken with confirmed that every effort was made to provide a single room and this was confirmed by families surveyed. This involved however at times, utilising the visitors room on Camellia unit when death was imminent. While not ideal the inspector saw that the room was adequately screened and offered greater privacy and dignity to the resident and family than that that could be afforded in the five bedded rooms. There was a dedicated 10 bedded palliative care facility on site but staff spoken with confirmed that

it operated as a day service only and the facility was not available to the centre for end of life care.

Judgment:
Non Compliant - Minor

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:
Care to support the nutritional and fluid requirements of residents was guided by a comprehensive evidence based policy and the inspection findings concluded that the policy was implemented in practice and residents needs were appropriately met.

All meals were freshly prepared on a daily basis on site by the catering department. The inspector saw adequate and varied stocks of fresh, dry, chilled and frozen food stocks. Inspection reports were available to confirm that the facility was monitored by the relevant Environmental Health Officer (EHO).

A menu was in place that operated on a fortnightly basis and offered choice at each mealtime. This is a large service but there were clear explicit procedures in place for ascertaining and communicating to catering staff each resident's meal preferences on a daily basis. The inspector was satisfied that the meal seen to be provided to residents was their expressed choice. The inspector saw that meals were appealing presented including meals of a modified consistency, were wholesome and nutritious and portion sizes were adequate. The inspector saw and residents said that they enjoyed their meals and their satisfaction was also reflected in the positive feedback received in a satisfaction survey completed in May 2014. There was an action plan in place based on comments or suggestions received from residents and staff confirmed that actions were always progressed through the person in charge. The inspector saw that residents including dependent residents had ready access to fluids; refreshments and light snacks were seen to be provided at structured and reasonable timeframes. While staff were busy due to the needs and dependency levels of the residents there was no evidence that residents did not receive appropriate support and assistance while eating and drinking. Staff were also seen to engage and communicate with residents as appropriate while providing assistance.

While there was a protected meal time policy in place family members were seen to be facilitated to provide assistance to their relative at meal times if this was their expressed preference.

The inspector was satisfied that there were effective procedures in place for meeting the needs of residents with more specific requirements such as the requirement for modified diet and fluids, weight loss or weight gain, altered blood sugars or diminished renal function. Nursing staff assessed and monitored these needs through professional judgment, the completion of evidence based assessment tools and the monitoring of body weight. There was documentary evidence that where a problem was identified the appropriate intervention was sought from the medical officer, the dietician, or the speech and language therapist (SALT). A clear and specific nutritional plan of care was in place where required, recommendations from other health care professionals were integrated into the care plan and the plan was reviewed and updated as necessary. There was documentary evidence that prescribed treatment regimes were reviewed and altered in line with the residents changing needs and that care was informed and supported by regular laboratory analysis.

Staff completed oral health assessments and confirmed that dental review and treatment was provided as necessary by a local dentist.

Training records indicated that almost 100% of staff had attended training provided by the SALT department in 2013 and 2014. There were clear systems of communication between clinical staff, catering and support staff and no deviations were noted by the inspector in the diet provided.

Some residents did choose to take their meals at the bedside but the impact on the overall quality of the dining experience due to the lack of an adequate dining facility on the Camellia unit is discussed in Outcome 12.

The inspector noted that the modified diet option at evening meal while varied was predominately a cold option and lacked a hot savoury choice. The inspector saw that this had also recently been raised in the minutes of the residents' forum on Camellia unit. The assistant director confirmed that this was acknowledged and that plans were in place to bring about improvement

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:
Mary Moore
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St. Ita's Hospital
Centre ID:	OSV-0000664
Date of inspection:	06/08/2014
Date of response:	31/10/2014

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 08: 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:
The inspector was not satisfied that all procedures were consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Required:

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

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
An Infection Control meeting by the in hospital committee was held on the 4th September 2014 when the procedures consistent with the prevention and control of healthcare associated infections was firmly reiterated to all staff.
Next date for Infection Control training with the Infection control specialist is 27th September 2014.
There is a copy of Infection Control Procedures available on all wards.

Proposed Timescale: 30/09/2014

Outcome 12: Safe and Suitable Premises

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents in Bluebell and Camellia units did not have access to a safe accessible outdoor area.

Multi-occupancy rooms do not comply with the requirements of the regulations.

The current design and layout of the communal/dining area on the camellia Unit does not adequately meet the needs of the residents

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:
The new Rehab unit is presently being constructed and the plans for the Bluebell / Camellia garden are incorporated in to these plans. The aim is to have this completed by the end of the year.

The provider was offered two opportunities to provide a satisfactory response to the further identified failings. The response submitted by the provider did not satisfactorily address the failings identified in the report. The Authority has taken the decision not to publish the providers response and is considering further regulatory action in relation to this issue.

Proposed Timescale: 31/12/2014

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of feedback to the complainant and whether or not they were satisfied as to the outcome of the complaint.
A complaints record that was in addition to and distinct from the residents individual care plan was not maintained.

Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
The complainants had been met and both complaints had been resolved to their satisfaction. The complaints record is now updated.
The complaint which was documented in the residents individual care plan is now documented in the complaints folder.

Proposed Timescale: Complete

Proposed Timescale:

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident's preferences and choices were not always ascertained and recorded and care was not directed by a specific end of life or palliative care plan.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
An End of Life meeting was held on the 4th Sept and an implementation plan was agreed to use the specific end of life care plan.

An audit will be carried out Thursday 25th Sept to establish the number of Palliative and End of Life Assessments, and End of Life Care Plans which have been undertaken since the 4th Sept End Of Life Committee meeting. Subsequent to the audit results, if deemed necessary, workshops by the two trained End of Life Facilitators in "What Matters to Me" will be held to help support staff in completing Palliative and End of Life assessments and follow through with the compilation of a relevant Care Plan.
Proposed Timescale: 30/09/2014