

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Patrick's Hospital
Centre ID:	OSV-0000595
Centre address:	John's Hill, Waterford.
Telephone number:	051 848 700
Email address:	paula.french@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Caroline Connelly
Support inspector(s):	Ide Batan
Type of inspection	Unannounced
Number of residents on the date of inspection:	87
Number of vacancies on the date of inspection:	9

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 14 May 2015 09:30 To: 14 May 2015 17:00

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

Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an unannounced follow up inspection in St. Patrick's Hospital Waterford which took place on the 14 May 2015 by the Health Information and Quality Authority's Regulation Directorate. The provider had applied for renewal of their registration and the registration inspection took place over two days on the 15 and 16 December 2014. Due to the high level of continual non compliances, the provider and person in charge were called to a meeting in the Authority's office on the 06 January 2015 to outline concerns regarding the findings of the inspection of the 15 and 16 December 2014 and the potential consequences of continued non compliance. The chief inspector was not satisfied with the response to the action plan and the provider was issued with a 28 day improvement notice on 13 April 2015.

The follow up inspection took place to inspect against the actions from the previous inspection. As part of the inspection the inspectors met with the provider, the newly appointed person in charge, the assistant directors of nursing, residents, nurses, care staff and numerous other staff members. The inspectors followed up on actions from the previous inspection, observed practices and reviewed documentation such as care plans, medical records, accident logs and policies and procedures. On the

previous inspection the person in charge was in charge of three designated centres and spent only two days per week in the centre. The Authority was not satisfied that the person in charge was engaged in the effective governance, operational management and administration of the designated centres concerned due to the number of continual non compliances in the centres. On this inspection a new person in charge had been appointed. The new person in charge had worked in the centre as an assistant director of nursing and had acted up in the absence of the previous person in charge.

There were a large number of other non compliances identified on the previous inspection. There were major non compliances identified in two outcomes, Moderate non compliance in seven outcomes and minor non compliances in three outcomes inspected against and non compliances with 16 regulations overall. On the follow up inspection the inspectors found that out of the 12 non compliant outcomes, eight were now compliant, one was substantially compliant, three were moderate non compliant and there remained one major non compliance in outcome 12 premises. Overall the inspectors found that the premises continued to pose 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 and there was a lack of general storage for personal property and possessions. The provider had submitted plans to build a new purpose built community nursing unit and an update in relation to this is required by the Authority.

The inspectors did see that improvements were made in the provision of a dedicated person in charge for the hospital, improvements in care planning, provision, staffing ratios in the evening, staff training and restraint practices.

There continued to be some improvements required and these 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 Centers for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was identified that not all residents had a contract of care completed and fees were not identified on all contracts as required by the regulations. On the follow up inspection the inspector found that the sample of contracts viewed that were completed included relevant fees and in place for residents including residents receiving respite and rehabilitative care.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the last inspection the person in charge was in charge of three designated centres and spent only two days per week in the centre. The Authority was not satisfied that the person in charge was engaged in the effective governance, operational management and administration of the designated centres concerned due to the number of continual non compliances in the centres. On this inspection a new person in charge had been appointed. The new person in charge had worked in the centre as an assistant director of nursing and had acted up in the absence of the previous person in charge. She is an

experienced nurse and manager and is actively involved in the organisation and management of the service. She had a good reporting mechanism in place to ensure that she is aware and kept up to date in relation to the changing needs of the residents. Staff and residents identified the person in charge as the one with the overall authority and responsibility for the service.

A fit person interview was conducted with the person in charge during the inspection and the person in charge displayed a good knowledge of 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. She was very aware of the challenges and non compliances identified on the previous inspections and outlined clearly to the inspectors her plans to deal with same.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was identified that the medication management policy did not outline the procedure for the prescription, administration and review of PRN medications. This was seen by the inspectors to now include the required information. On the previous inspection the directory of residents did not include all the information outlined in the legislation on this inspection the directory of residents was viewed by the inspectors and found to include all the required information.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

On the previous inspection on one residents' plan it was stated that bed rails were in place on the request of the family, there was no evidence of assessment for the use of bed rails and there was also no evidence of consideration of least restrictive alternatives to bed rail usage. Residents consent to treatment forms required review as relatives and next of kin had signing consent forms, which do not have any legal standing. On this inspection inspectors saw that the use of bed rails had reduced substantially since the previous inspection. Staff told the inspectors that they had received training on the use of restraint and were more aware of best practice following same. More equipment in the form of low low beds and alarms were in use to ensure restraint was used as the least restrictive alternative. The assessments for bed rails were seen to be completed in residents' files with a number of residents having signed to say they requested bed rails for their safety and comfort issues were discussed with families but they were not signing to give consent.

On the previous inspection it was identified that the records maintained of money and valuables handed in by a resident/relative for safekeeping at the ward level in one unit was not sufficiently robust. On this inspection inspectors reviewed the current arrangements for managing the residents' finances. Each unit within the centre now had a locked safe for the keeping of residents' personal funds should they wish to manage their own finances. Staff were consistent in their responses to inspectors on how residents' finances were managed. Inspectors were satisfied that the system was sufficiently robust to ensure that residents were protected from financial abuse.

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):

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

Findings:

On the previous inspection there were areas of risk in the centre that required review and inspectors saw residents being transported in wheelchairs with no leg supports in use. The residents legs were trailing on the ground and this practice could cause injury to the resident's legs and feet. On this inspection the inspectors saw that leg supports had been replaced and there was a greater aware risk of the risks involved. Also on the previous inspection Inspectors noted that radiators remained very hot to touch and could cause a burn injury to residents. Inspectors saw on this inspection that radiator covers which were washable for infection control purposes had been ordered and one was seen in place on the day of the inspection.

Training records confirmed that on this inspection all staff had received up to date fire training.

Judgment:

Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that, based on a sample of prescriptions reviewed, the inspector saw and staff agreed that a number of items were missing from the prescription charts. On this inspection the inspectors found that based on the sample of medication charts reviewed that this action remained non compliant as crushed medications were not consistently prescribed by the medical officer as is required by legislation.

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:
Effective care and support

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

Findings:
On the previous inspection the inspectors noted that while some care plans were comprehensive, further personalisation of care plans would ensure person-centred care was delivered. On this inspection the inspectors found that the centre had commenced the introduction of a new comprehensive system of nursing documentation following the last inspection. Staff had received training and they were rolling out the new documentation set which included comprehensive assessment and care planning tools. The inspectors saw these had been implemented in a number of the units and staff were very satisfied in relation to their comprehensive person centred information captured and reported that they improved outcomes for residents. The inspectors reviewed a number of the new and existing plans and were satisfied that all residents reviewed had plans that directed their care.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:

On all previous inspections it was noted that the physical environment was not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and was not conducive to meeting the needs of residents. The premises was found to be Major non compliant on the previous and on this inspection. The provider had submitted to the Authority a plan to build a 100 bedded community nursing unit to replace the existing hospital. Work on this building has not commenced to date and an update to the plan is required by the authority.

Judgment:

Non Compliant - Major

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):

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

Findings:

The previous inspection found that there was no evidence available that the menus and nutritional content of the food met the dietary needs of residents as prescribed by healthcare or dietetic staff, based on nutritional assessments in accordance with the individual care plans of residents. On this inspection inspectors saw that new picture menus were seen to be available on all the units and these included the nutritional content of the food and there was evidence of the dietitian being heavily involved in nutritional assessments for the residents.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

On the previous inspection it was identified that residents' privacy and dignity was also not protected in one of the units doors into two shower rooms in multi occupancy rooms were quiet see through and definitely would not protect the privacy and dignity of a resident having a shower in the room. On this inspection it was noted that the doors and windows had been blocked out to ensure residents privacy and dignity. It had also been identified that the size and layout of the multi occupancy rooms meant that there was very little space between some of the residents' beds. Residents were unable to undertake personal activities in private. This remained non compliant on this inspection as did the lack of private space to receive visitors in private.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

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

Findings:

On the previous inspection it was noted that due to multi-occupancy rooms there was insufficient space for all residents to store their own clothes and some were stored centrally in the unit. In addition, inspectors observed that due to the lack of space residents displayed minimal personal effects. On this inspection this outcome remained

non compliant.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

On the previous inspection based on their observations and a review of the staff roster, inspectors were not satisfied that staffing levels and skill-mix were adequate to meet the assessed needs of the residents and other factors such as the layout of the building and the specifics of each unit. On this inspection the inspectors saw and were informed by staff that staffing levels had increased in the afternoons and that changes to staffing routines and increased staffing numbers had resulted in better outcomes and more person centred care for the residents. Staff reported less resident falls which they attributed to better observation and residents were afforded more choice in activities of daily living.

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:

Caroline Connelly
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 Patrick's Hospital
Centre ID:	OSV-0000595
Date of inspection:	14/05/2015
Date of response:	15/06/2015

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 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Crushed medications were not consistently prescribed by the medical officer as is required by legislation.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist

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

regarding the appropriate use of the product.

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

Meeting has been held and directive has been given to the Medical officers to maintain compliance with regulations and legislation .

Proposed Timescale: 20/05/2015

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 physical environment was not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and was not conducive to meeting the needs of 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 stages of new 100 Bedded CNU

Stage 2A - Scheme Design with Room layouts etc is due for completion end Q2 2015.

Stage 2B - Detailed Design with Planning Permission is due to be complete by end Q4 2015. – Planning Application in Q3 -

Tender process during Q1/Q2 2016.

Construction to commence Q3 2016

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The size and layout of the multi occupancy rooms meant that there was very little space between some of the residents' beds. Residents were unable to undertake personal activities in private.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The stages of new 100 Bedded CNU

Stage 2A - Scheme Design with Room layouts etc is due for completion end Q2 2015.

Stage 2B - Detailed Design with Planning Permission is due to be complete by end Q4 2015. – Planning Application in Q3 -

Tender process during Q1/Q2 2016.

Construction to commence Q3 2016

Proposed Timescale: Ongoing

Proposed Timescale:

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were not facilities in all of the units for residents to receive visitors in private.

Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

The stages of new 100 Bedded CNU

Stage 2A - Scheme Design with Room layouts etc is due for completion end Q2 2015.

Stage 2B - Detailed Design with Planning Permission is due to be complete by end Q4 2015. – Planning Application in Q3 -

Tender process during Q1/Q2 2016.

Construction to commence Q3 2016

Proposed Timescale: ongoing

Proposed Timescale:

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Due to multi-occupancy rooms there was insufficient space for all residents to store their own clothes and some were stored centrally in the unit. In addition, inspectors observed that due to the lack of space residents displayed minimal personal effects

Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The stages of new 100 Bedded CNU

Stage 2A - Scheme Design with Room layouts etc is due for completion end Q2 2015.

Stage 2B - Detailed Design with Planning Permission is due to be complete by end Q4

2015. – Planning Application in Q3 -

Tender process during Q1/Q2 2016.

Construction to commence Q3 2016

Proposed Timescale: ongoing

Proposed Timescale: