

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Columba's Hospital
Centre ID:	OSV-0000552
Centre address:	Thomastown, Kilkenny.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patricia McEvoy
Lead inspector:	Kieran Murphy
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	76
Number of vacancies on the date of inspection:	17

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 March 2015 10:30	19 March 2015 18:00
20 March 2015 08:30	20 March 2015 15:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

St Columbas Hospital was under the overall management of the Health Services Executive (HSE) and provided care for 93 residents, to include continuing care, short stay, respite care or rehabilitation. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. Eight completed questionnaires from residents and 13 completed questionnaires from relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Since the last inspection there had been a change to the governance arrangements as the person in charge had been appointed as person in charge of another designated centre approximately 37 kilometres away. Similarly the assistant director of nursing also had shared responsibility over the two centres. The Health Act 2007 (Care and Welfare of residents in designated centres for older persons) Regulations and 2013 at Article 14(4) provide that: "the person in charge may be a person in charge of more than one designated centre if the Chief Inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of the designated centres concerned." Inspectors were not satisfied that the arrangements outlined were sufficient to ensure effective governance operational management and administration of both designated centres. This issue of suboptimal clinical governance due to lack of clarity regarding management arrangements in the two centres had been placed on the organisational risk register.

The bedroom accommodation was generally set out in multi-occupancy "bays" and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards). The action plan submitted by the provider in relation to the premises and specifically the response to the actions under Regulation 17 (1) (a) and Regulation 9(3)(b) did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish the response to this action and is considering further regulatory action in relation to this issue.

During the inspection St. Joseph's ward, the rehabilitation ward was undergoing refurbishment. The person in charge outlined that once the renovation was completed it was contemplated that it may be used for other purposes. All such plans were to be submitted to the Authority.

Improvements were required also in a number of areas including:

- Contracts of care
- risk management
- medication management
- rights, dignity and privacy

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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose described the service and facilities provided. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. Inspectors found the care provided was accurately described in the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Since the last registration inspection there had been a change in the overall governance structure. The provider nominee remained the same and was the manager for older persons services in the Health Services Executive (HSE) for Carlow and Kilkenny. However, the person in charge had increased responsibility as the named person in charge of another designated centre approximately 37 kilometres away. She outlined

that she attended this other centre one day per week. The other management roles outlined to inspectors were an assistant director of nursing who also had shared responsibility over the two centres and five senior clinical nurse managers for each of the five wards.

Inspectors were satisfied with the systems in place to ensure the service was safe, appropriate and effectively monitored. The person in charge had introduced a quality and safety programme overseen by a quality and safety committee with representatives from staff in both centres. The minutes of the most recent meeting of this committee were seen by inspectors and items reviewed included:

- Policy development
- health & safety statements
- risk register for each centre
- nursing metrics (or standard setting in nursing)
- annual review of quality and safety.

Each senior clinical nurse manager had responsibility for specific quality improvement initiatives like falls, safeguarding residents and end of life care. Inspectors reviewed the minutes of the most recent senior clinical nurse manager meeting and topics discussed included:

- Education and training
- renovation of the premises
- leadership
- health & safety
- policies
- audit of clinical practice.

There was an annual review of quality and safety for 2014. It covered in detail:

- The policies, procedures and guidelines that had been updated in 2014
- review of activities for residents
- implementation of end-of-life care planning process
- staffing
- training and development
- food and nutrition
- complaints
- infection control.

There was evidence of a systematic analysis of reported adverse events. Over 82% of total reported incidents related to residents falling. A review undertaken each quarter examined the pattern of falls including location and time of day. A number of initiatives had been introduced including education for staff at team meetings.

Judgment:

Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

While a contract of care was being provided to residents who were staying for continuing care, there was no contract provided to residents admitted for short stay, respite care or rehabilitation. However, each resident admitted for short stay, respite care or rehabilitation was issued with a letter which outlined the charges that were payable in accordance with the Health Act 1970, as amended in 2005.

There was a policy on the provision of information to a resident which included the residents' guide. This guide contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits.

Judgment:

Non Compliant - Major

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Health Act 2007 (Care and Welfare of residents in designated centres for older persons) Regulations and 2013 state that each centre has to have a person in charge. The 2013 regulations further state at Article 14(4) that: "the person in charge may be a person in charge of more than one designated centre if the Chief Inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of the designated centres concerned."

Prior to the inspection the Authority received a notification that the person in charge

was also the person in charge for another centre operated and managed by the HSE. Inspectors were satisfied that the person in charge was sufficiently qualified and experienced. She was a registered general nurse since 1998 had a qualification in business studies. She had engaged in continuing professional development including a postgraduate diploma in gerontological nursing. She was currently pursuing a master's degree in healthcare management. However, it was required by Article 14(4) that the practices had be satisfactory in both centres. Inspectors were not satisfied that the arrangements outlined were sufficient to ensure effective governance operational management and administration of both designated centres. This issue of suboptimal clinical governance due to lack of clarity regarding management arrangements in the two centres had been placed on the organisational risk register.

Judgment:

Non Compliant - Major

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that all policies, procedures and guidelines such as prevention of abuse, end of life care and risk management were available as required by the regulations. Records were made available to inspectors which confirmed that staff had read and understood the policies.

Inspectors reviewed a sample of personnel files and saw evidence of Garda Síochána vetting, references and personal identification in all files.

A directory of residents was available and the person in charge was aware of her obligations on how to maintain the directory.

Inspectors viewed a letter from the administration section of the HSE which outlined that that the centre was adequately insured against all public liability incidents.

The medical and nursing records were comprehensive. The care plans and the record of

care provided to residents were accurately documented.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge outlined that, in addition to her own appointment, an assistant director of nursing had also been appointed with shared responsibility over the two centres. The assistant director of nursing was a registered general nurse, had a degree in nursing from Waterford Institute of Technology and a postgraduate diploma in infection control. Based on her qualifications and experience the inspectors were satisfied that the assistant director of nursing had the requisite skills and experience in care of the older person to deputise for the person in charge.

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:

This centre had been the subject of an unannounced inspection in August 2014 to monitor compliance in relation to the management of medication. That inspection had been triggered by a concern received by the Authority in relation to the use of chemical

restraint. On this inspection there was evidence of corrective action taken as indicated in response to the last action plan. The centre-specific guidelines on the use of psychotropic medication, developed in January 2015, were made available to inspectors and outlined the documented assessment to be completed prior to the administration of chemical restraint to identify and consider all causes or influencing factors. The assessment forms were completed appropriately. Alternative strategies trialled were clearly documented and there was evidence of consultation with residents. There was clear evidence of monitoring prior to, during and after the administration of chemical restraint. This issue of inappropriate use of psychotropic medication had been placed on the organisational risk register.

In relation to residents' finances there was evidence that 25 residents had consented to the centre being their nominated pension agent. Inspectors saw that records were maintained of all financial transactions. Other finances held on behalf of residents were appropriately accounted for and receipts were issued for all monies held or issued to residents. Two staff members signed for all transactions and if residents were unable to do so relatives signed on their behalf.

There was a policy available on safeguarding vulnerable persons at risk of abuse. Training records indicated that in 2014 67% of nursing staff and 34% of support staff had received training on the protection of vulnerable adults. The other staff had received this training in 2013. A specific incident relating to adult protection was outlined during the inspection. Documentation reviewed by inspectors demonstrated that the incident had been followed up appropriately by the person in charge.

There were guidelines available for staff on the management of behaviour and separate guidelines on the management of behavioural symptoms associated with dementia. St. Mary's ward had 18 residential beds for people with a diagnosis of dementia. This ward had recently been renovated with new distinctive handrails available on the corridors. Rummage boxes had been introduced on the corridors also for residents to go through. A number of quiet areas were also available. One of these areas had older photographs of residents and their families. Residents and their families were encouraged to decorate their bed space with photographs and personal mementos. A secure internal courtyard was also available in this ward.

There was evidence of communication between residents' general practitioner, nursing staff and the community based psychiatry services. On the day of inspection the clinical nurse specialist in psychiatry of later life was in St Mary's ward. There was documentary evidence available of clinical review of residents by the consultant psychiatrist of later life. The clinical nurse managers in St Mary's ward and the clinical nurse specialist in psychiatry had recently facilitated a three day course around best practice in the care of people with dementia. All staff in St Mary's ward had attended the course and topics covered included:

- Overview of dementia
- communication with people with dementia
- creating a dementia friendly environment
- responsive behaviours
- family involvement and support
- palliative care

There was a policy on the use of physical restraints. Each resident who required the use of a bedrail had an assessment undertaken which included review of their age, sensory status, mobility, falls risk, medication and sleeping pattern. The rationale for use of the bedrails was clearly documented and consent had been obtained. The risk factors on the use of bedrails were considered and there was a clear system of monitoring the resident while the bedrail was in place.

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:

The risk management policy contained the identification and management of risks and there were measures in place to control risks including assault, accidental injury and self harm.

There were two methods of recording adverse events. The first was the incident reporting process. Each incident report included the category of incident, whether any sedation had been administered in the previous 24 hours, the narrative details of the incident including medical review. It also included a review to state how to prevent recurrence of the incident. In 2014 there had been:

- 197 resident falls
- 24 unplanned events
- 7 treatment incidents
- 6 episodes of inappropriate behaviour
- 4 medication errors
- 2 incidents relating to discharge of residents.

The second way of recording adverse events was via the clinical incident outcome review. This was a form to be used in the event of serious injury. In the sample seen by inspectors there had been

- 14 falls, including three residents sustaining a fracture following a fall
- 2 falls as a result of a push from another resident
- 6 pressure sores, including four which had been present when the resident was admitted
- 1 incident of violent behaviour.

The risk management policy indicated that there was a risk management committee to oversee this clinical incident outcome review process. However the person in charge outlined that in practice these serious incidents were reviewed by herself and the risk manager of the acute services of the HSE. Linked to the incident reporting system there was an organisation risk register which outlined assessments undertaken for issues like:

- Suboptimal clinical governance due to lack of clarity regarding management arrangements in the two centres
- residents falling
- sudden death
- security
- fire
- residents who may wander
- environment
- infection
- the management of violent and aggressive behaviour
- burns from radiators
- records management
- inappropriate use of psychotropic medication
- smoking.

Inspectors saw the minutes of two health & safety committee meetings from 2014. There were action plans developed from these meetings which were being followed up on.

While training records confirmed that all staff were trained in the moving and handling of residents inspectors observed an incident where current moving and handling practices were not followed. Lifting and moving equipment was serviced in line with manufacturer's guidelines.

Designated smoking areas were provided for residents. The smoking area on the ground floor was in an internal courtyard and while fire fighting equipment was available in the adjacent dayroom inspectors asked the person in charge to risk assess this area to ensure there were adequate fire precautions. The smoking area on the first floor was mechanically and externally ventilated, equipped with fire fighting equipment and a means to raise the alarm, fire resistant furniture and a fire retardant apron. Inspectors reviewed the assessment completed for residents who smoke which outlined the controls in place to mitigate the risk. Inspectors observed that the controls outlined were implemented.

There was an internal emergency plan which included instructions for staff in relation to issues including fire, evacuation, power outage and flooding. At communication handover on each ward every morning the supports required by each resident were discussed and identified. The person in charge outlined that evacuation drills were carried out during fire training.

There was an infection control policy. An infection control team which included 'link nurses' from each unit, the assistant director of nursing and the community infection prevention and control nurse met on a regular basis. A recent outbreak of an infectious disease had been managed appropriately but the community infection prevention and

control nurse highlighted that there was a lack of single rooms available to prevent the spread of the infection. Audits of infection control practice had been completed in areas such as

- Hand hygiene
- clinical waste management and
- glucometer decontamination.

There was a valid fire certificate for the centre dated 03 October 2014. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel January 2015
- three monthly testing of the emergency lighting February 2015
- fire extinguisher servicing and inspection November 2014
- daily inspection of means of escape routes
- fire training for all staff.

During the inspection specific hazards relating to fire safety were identified by the inspectors which were remedied immediately. A fire hose reel was blocked by chairs stacked next to it and a fire exit door was partially obstructed by cleaning equipment. Inspectors also observed a fire door wedged open on a corridor leading to the chapel. The person in charge outlined that fire drills were taking place as part of fire training annually. However, based on the assessed needs of residents, particularly in St Brigids Ward an annual fire drill was not sufficient.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The centre-specific policy on medication management and administration had been reviewed in September 2014. The policy was comprehensive and covered the ordering, storage, prescribing, administration, refusal and crushing of medicines.

Medications were supplied by the pharmacy department in the local acute hospital for long stay residents. The inspector observed that, for residents attending for respite care, a comprehensive medication history was obtained on admission using a number of sources. Residents attending for respite care were asked to bring in their own medicines from home dispensed by their pharmacist of choice and nursing staff were seen to

confirm the medication to be correct.

A sample of medication prescription sheets and administration records were examined. The medication prescription sheets examined were current. However, medication prescription sheets examined did not contain a signature for each medication order. Therefore, these prescription orders are not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007.

Inspectors reviewed a sample of prescriptions where residents had difficulty swallowing tablets. Where medications were administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. Alternative preparations had not always been considered such as liquids and soluble tablets.

Medication administration sheets examined identified the medications on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. The times of administration matched the prescription sheet. Inspectors observed medication administration practices and found that the nursing staff observed did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. However, inspectors observed prescription only medicines left unsecured in an unlocked room. This was brought to the attention of the nursing staff on the unit.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. Medications requiring refrigeration were stored appropriately. Staff confirmed that the temperature of medication refrigerators were to be monitored on a daily basis. However, gaps were observed in the documentation and this is covered in more detail in outcome 11.

Medication management training was facilitated regularly and nursing staff demonstrated knowledge and understanding of professional guidance in medication management. The inspector observed resources relating to medication management were available to staff on all units.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority. A number of notifications had been received in relation to residents being admitted with pressure sores which had occurred prior to admission.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that each resident was assessed on admission for issues including communication, recreation, risk of falling, dependency levels, mobility and likelihood of developing pressure sores. Each resident had their weight and a malnutrition universal screening tool (MUST) outcome measure recorded on admission and monthly thereafter.

In the sample of care plans seen the assessments on admission informed the care planning process. In particular inspectors saw that care plans were developed in conjunction with evidence based assessments of resident's needs in relation to issues like nutrition, dependency levels and pressure sore development. Wound management charts were maintained and described the cleansing routine, emollients, dressings and frequency of dressings. The dimensions and description of the wound were documented and photographs were used to evaluate the wound on an ongoing basis. There was

evidence of appropriate input being sought from specialist tissue viability services. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least monthly thereafter. There was evidence that the resident and their families were involved in the development of care plans. One family specifically commented that their family member's care plan was "person centred and her comfort and happiness came first".

Inspectors saw evidence that residents' health care needs were met through timely access to general practitioner (GP) services. Inspectors spoke with the medical officer who confirmed that he attended the centre on a daily basis. Staff with whom inspectors spoke confirmed that 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, quarterly medication review and annual administration of the influenza vaccine. Each resident had the right to refuse treatment and as an example some residents refused the offer of the influenza vaccine.

Healthcare records reviewed indicated that residents had appropriate access to allied health care services. A number of residents had nutrition care plans recommended by a dietician. Inspectors saw evidence of appropriate referral to and review by Speech and Language Therapists with swallow care plans prepared for residents as required. All staff had received training in nutrition and dysphagia (swallowing difficulties) in September 2014. Some residents had been assessed by an occupational therapist in relating to seating. In the occupational therapy plans seen there was evidence of close liaison with the multidisciplinary team in relation to seating.

Inspectors saw a copy of the annual report for 2014 of the Rehabilitation ward. A consultant geriatrician visited the Rehabilitation ward weekly and met with the multidisciplinary team including the community public health nurse. There were two physiotherapists attached to the Rehabilitation ward. A profile of admissions to the ward for 2014 included rehabilitation services for:

- 96 people who had mobility/transfer difficulties
- 3 people who had a limb amputated
- 73 people who had an orthopaedic procedure in an acute hospital
- 23 people who had a cerebral vascular accident (stroke).

There was evidence of good communication links between the Rehabilitation ward and the acute general hospital when residents required admission. The healthcare record included summaries of medical reviews from specialists in acute care hospitals, nursing transfer assessments and orthopaedic physiotherapy assessments, if available.

As previously outlined in outcome 9, an inspector observed gaps in documentation in the daily refrigerator temperature log. Therefore, the reliability of the refrigerator was not confirmed on these dates in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

As identified in previous inspection reports the bedroom accommodation was generally set out in multi-occupancy "bays" and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards).

The physical environment had seen a programme of upgrading during 20-14. St Brigid's ward had a new shower and toilet area, St Joseph's ward was still undergoing a renovation, there was a new secure internal courtyard in St Patrick's ward and St Mary's ward had been renovated. The residents were accommodated in five separate areas of the premises. During the inspection four of these wards, including the Rehabilitation unit, were contained in the main building and the dementia unit was a stand-alone building adjacent to the main premises. The original rehabilitation ward was in an adjoining building and was undergoing renovation work. A walk-through of the premises was undertaken as part of the inspection:

St. Brigid's Ward

This ward consisted of 6 three bedded areas and a one bedded area for residents at end of life. The senior clinical nurse manager outlined that of the 15 residents present on the day of inspection 14 had been assessed as being at maximum dependency. While there were toilet facilities available, inspectors found that the facilities were inadequate. Due to residents' dependency levels nearly all were using a commode as required. This ward also had a sitting room and a kitchenette. The smoking room was on the corridor adjacent to this ward. There was also a sluice room and but it did not include a separate hand wash sink for staff.

St. Patrick's Ward

Accommodation was provided in 3 three bedded bays, 2 two bedded bays and a single room (palliative care room). There was a day/living room and a kitchenette. This ward also had one bathroom with bath, one shower room, two toilets with handrails and one toilet with wash hand basin. In the toilet area there were wash hand basins available adjacent to this area. There was also a sluice room and since the last inspection the sluice facility had been upgraded to include a separate hand wash sink for staff.

St. Patrick's Wing

There were 2 one bedded bays, 2 two bedded rooms and one single room for residents at end of life and their families. This wing also had a library/multi-function area that provided access to a secure internal courtyard. This wing also contained a hairdressing room and a kitchen area for relatives if they wanted to make hot drinks. There was one single toilet, a toilet with a wash hand basin, a shower area and a bathroom with a bath. There was also a sluice room.

St. Anne's ward

This ward had 4 three bedded areas and 2 four bedded areas. There was a dayroom and a quiet sitting area. This ward also had one bathroom with bath, one shower room, and one toilet with wash hand basin and three toilets without wash hand basins. In the toilet area there were wash hand basins available adjacent to the toilets.

St. Mary's Ward, Dementia Care Unit

There were 5 three bedded areas available. This unit had been recently renovated and the living space is discussed in more detail in Outcome 7. In addition there were two toilets with wash hand basins, an assisted bath and one shower area with a toilet.

St. Joseph's ward, Rehabilitation (temporary)

As a temporary measure the residents in the Rehabilitation ward were being accommodated on the second floor of the main premises. The layout consisted of 5 three bedded areas. There was a dayroom/dining room and a quiet sitting area. There was also a physiotherapy room with three treatment bays available. There were two showers and one bathroom with a bath. There were two toilets with wash hand basin and another small toilet which didn't have a wash hand basin.

St. Joseph's ward, Rehabilitation (permanent)

This ward was undergoing refurbishment. It contained 2 three bedded bays and 3 three bedded bays. It also had a dining/day room, a physiotherapy room and a treatment/clinical area. There was a bathroom with a bath and shower, a separate shower room and two toilets with wash hand basins.

Judgment:

Non Compliant - Major

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:

There was a complaints policy and during 2014 there had been five formal complaints to the complaints officer and nine informal complaints. The complaints log was reviewed and it contained the date the complaint was received, the nature of the complaint, investigation, findings action taken and any update on the complaint. There was evidence that complaints were being used to improved quality of care provided. There had been a complaint about liquidised meals being bought in for residents. As a result of the complaint the practice had stopped and all meals were prepared on site, including for residents requiring meals in puréed format

Staff confirmed that an independent advocacy service was available to residents when required.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

The centre-specific policy on end of life care was made available to inspectors and had been reviewed in January 2015. This policy was augmented by a centre-specific policy on resuscitation status and management, which had been updated in January 2015. The policies were comprehensive and evidence based. Records available which confirmed that staff had read and understood the policy. Inspectors noted that policies informed practice among nursing and healthcare staff.

An end of life care pathway was used to guide staff in caring for and meeting the needs of residents at the end of life. An inspector reviewed a care plan of a resident who was at the end of life and confirmed that all needs (physical, emotional, social, physiological and spiritual) had been met. During the inspection there wasn't anybody receiving palliative care. The person in charge outlined that access to specialist palliative care services was available

An advanced discussion form and care plan had been completed for residents which ascertained the resident's wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. Some residents expressed to inspectors that in the event of becoming unwell, they would prefer to go to the acute services while other

residents stated that they would choose to stay in the centre. Inspectors saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a four monthly basis or more frequently if a resident's needs changed. Any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Religious and cultural practices were facilitated. Mass was celebrated in the on-site chapel three days per week. A Church of Ireland service was celebrated once a month. Members of the local clergy visited residents on a regular basis.

A designated en suite single bedroom was provided for residents as they reached the end of their life. Inspectors saw evidence that residents were offered the choice of this bedroom. Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

Since the last inspection the policy on food and nutrition had been updated and was found to be comprehensive.

Food was prepared on-site in the main kitchen and distributed via hot trolleys from to the kitchenettes on each of the units. The menu for the day was displayed in the communal area of each unit and was also presented in pictorial format. A minimum of two main course options were available at each meal, including two options for residents requiring food of a modified consistency. In December 2014 the menu had been reviewed by a senior dietician. The recommendations from this review included:

- Food choices should not be repeated during the menu cycle
- introduce a three week menu
- provide full meal options
- increase fruit

- introduce sandwiches
- increase the variety of fish provided.

The person in charge outlined that these recommendations were being introduced.

If a resident's nutritional needs were reviewed by a dietician and/or speech and language therapist these recommendations were communicated to the catering staff in the main kitchen by nursing staff. Each ward had their own communication folder with each resident's dietary requirements clearly displayed in the kitchenettes. Staff spoken with were able to articulate each resident's nutritional needs.

There was a dining room in each ward. On the second day of the inspection, all residents in the Rehabilitation unit were served breakfast at their bedside. The meals were well presented and for lunch on the first day of inspection an appropriate number of staff were available on St Mary's ward to provide assistance to residents. There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation.

The provider had undertaken a resident satisfaction with meals survey in 2014. 57 % of respondents had said that the taste/flavour of the food was very good. 47 % said that the variety of beverages was very good. In the 21 questionnaires received by the Authority in relation to this inspection only one person commented that the food could be improved upon, specifically requesting "more burgers and chips".

A record of staff training recorded that all catering staff had completed training on the management on food safety and separate training on therapeutic diets. Specific training on swallow assessments and care plans for residents with swallowing difficulties had been provided to catering staff by the speech and language therapist.

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:

Many of the residents were accommodated in multi-occupancy bedrooms. Even though adequate screening was used, the design and layout of the multi-occupancy bedrooms did not promote privacy and dignity for residents. Space around residents' beds was very limited. Many residents were accommodated in large rooms divided into bays. Staff, visitors and other residents had to frequently cross a number of bays to access sanitary facilities, quiet visiting areas and storage. This adversely impacted on an individual's privacy. As pointed out in more detail in Outcome 12 on one ward nearly all residents were using a commode as required which also impacted on people's privacy.

Residents were consulted about how the centre was planned and run. A residents' committee meeting was facilitated and minutes from most recent meeting were made available to inspectors. Feedback sought during this meeting informed practice and suggestions. For example new menu options were seen to be implemented.

Residents had access to televisions and radios in the communal areas. Some residents had access to televisions in their bedroom areas and newspapers were delivered to all units every day. Inspectors spoke to a number of residents regarding current affairs and residents were very interested to watch the solar eclipse on the second day of the inspection.

There was an activities nurse who provided a general, social and recreational programme. Each ward area had a health care assistant with responsibility for the activities programme. In the sample of healthcare records seen residents had an activity preference assessment undertaken as part of the admission process. This assessment informed a meaningful activity care plan that took into account the resident's interests. Activities were provided on each unit for residents including live music, current affairs, art and crafts, flower arranging and baking. Residents can opt out of activities if they so wish. Staff on St Mary's ward described a tea party which had taken place to mark both St Patrick's Day and Mother's Day. Residents' relatives and friends had been invited and the staff had donned fancy dress. An inspector saw photos of this event and residents and their visitors clearly enjoyed the festivities.

A policy in relation to social outings had been developed in November 2014. Staff in St Mary's ward said that a monthly day trip out was organised for residents. Residents had recently visited a local shopping centre, garden centre, restaurants and the seaside.

Separate day care facilities were provided on site. One resident commented in feedback to the Authority that all her "rights are being met. I get to go out to the daycentre when I want and I am well cared for". Other residents attended the day service in Kilkenny city provided by the Alzheimer's society.

In the sample of healthcare files seen residents' communication ability was assessed on admission. Each resident's personal profile in their healthcare records also included communication abilities. There was evidence of appropriate referral to speech and language therapists.

Inspectors observed a good level of visitor activity noted throughout the day. Residents reported that there was no restriction on visitors. Quiet areas were provided for residents to meet visitors in private.

Judgment:

Non Compliant - Major

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):

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

Findings:

At the last inspection it was found that not all residents had a list of their personal possessions on file. On this inspection in the sample of healthcare files seen each resident had a property list.

Housekeeping staff outlined to inspectors that all residents' clothes were washed on site. All towels and linen were laundered externally.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

While a formal system of staff supervision had not yet been introduced, the person in

charge outlined that team meetings were in place. For example the minutes of the monthly clinical nurse manager meetings were made available to inspectors. Items discussed included education and training, renovation plans, health and safety, updates to policies and audit results.

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. All staff employed had attended mandatory fire, manual handling and elder abuse training. Further education and training completed by staff included falls prevention, infection prevention and control, food hygiene, nutrition, health and safety and end of life.

Recruitment, selection and vetting procedures were in line with best practice. All new staff completed an induction training programme. A sample of staff files was reviewed and contained all of the required elements.

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.

There was a policy and code of conduct for volunteers. Inspectors spoke with a volunteer who attended the centre once a week. The required vetting had been completed and the volunteer was supervised appropriate to her role. A number of students from the local secondary school were on placement as part of their transition year programme.

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:

Kieran Murphy
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 Columba's Hospital
Centre ID:	OSV-0000552
Date of inspection:	19/03/2015
Date of response:	19/06/2015

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

There was no contract provided to residents admitted for short stay, respite care or rehabilitation.

Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

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

Long stay contract has been amended to reflect the services provided to short stay residents. this will implemented from the 18th May'15

Proposed Timescale: 18/05/2015

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

Inspectors were not satisfied that the arrangements outlined were sufficient to ensure effective governance operational management and administration of both designated centres.

Action Required:

Under Regulation 14(4) you are required to: If the person in charge is in charge of more than one designated centre provide evidence to the chief inspector that the person in charge is engaged in the effective governance, operational management and administration of the designated centres concerned.

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

To ensure effective governance, operational management and administration of both centres.

CNM2 Castlecomer District is supernumerary and will deputise for the P.I.C in her absence.

The existing 0.5WTE administrative CNM2 post in St Columba's will be upgraded to 1.0 WTE ADON to support the PIC in carrying out her function of both designated centres and will deputise for P.I.C in her absence.

The relevant documentation has been submitted to upgrade this post and permanently fill it.

This documentation has been communicated to HIQA on 24th May'15 and has been accepted as part of the new governance arrangements for both centres

Proposed Timescale: 18/05/2015

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:

Current moving and handling practices were not always followed.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The incident observed by the inspectors on the day had been report by the nurse on duty as the resident had complex moving and handling needs.

A risk assessment was carried out which included an assessment by both physiotherapy and occupational therapy to determine the residents requirements in relation to manual and handling needs and the nurse has been provided with additional training.

All staff are up to date with manual handling

Proposed Timescale: 19/06/2015

Theme:

Safe care and support

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

A recent outbreak of an infectious disease had been managed appropriately but the community infection prevention and control nurse highlighted that there was a lack of single rooms available to prevent the spread of the infection.

Action Required:

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:

There has been a case of two incidents of infectious outbreaks in the last six months. All relevant infection protocols and procedures were adhered too. The outbreaks were managed appropriately within the minimum duration period of 10 days and contained to one area.

The provision of single rooms will be addressed by the provision of a 100 bedded replacement community nursing unit in a green field site adjacent to the current building. Estates have sought approval nationally to appoint an architect to carry out a site survey and necessary preparatory works.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

A risk assessment wasn't available for smoking area on the ground floor.

Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Risk assessment carried out – Awaiting fire officer to consider whether fire fighting equipment stored internally is adequate for external usage.

Proposed Timescale: 19/06/2015

Theme:

Safe care and support

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

Fire drills were not taking place at adequate intervals, particularly based on the assessed needs of residents.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Management acknowledge the concerns in relation to fire evacuation procedures for residents on the 2nd and 3rd floor.

While fire drills take place at training sessions and held annually we have requested that the training course be amended to include an actual evacuation drill in September 2015.

Proposed Timescale: 30/09/2015

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:

Medicines were not always stored securely.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The incident observed on the day was highlighted at the CNM2 meeting. all nursing staff informed of their obligation to comply with the regulations regarding medication storage, Hospital medication management policy and best practice.

Proposed Timescale: 19/06/2015

Theme:

Safe care and support

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

Medication prescription sheets did not contain a signature for each medication order

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 regarding the appropriate use of the product.

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

The Medical officer has now been requested to sign off on all individual medication prescriptions.

Proposed Timescale: 19/06/2015

Theme:

Safe care and support

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

Where medications were administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart.

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 regarding the appropriate use of the product.

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

The Medical officer has been requested to individually prescribe any modified form of medication.

Proposed Timescale: 19/06/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There were gaps in documentation of the daily refrigerator temperature log.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All CNM2's have informed all staff to comply with the regulations regarding quality control measures, hospital medication management policy and best practice.

Proposed Timescale: 19/06/2015

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 bedroom accommodation was generally set out in multi-occupancy "bays" and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards).

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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Effective care and support

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

While there were toilet facilities available, inspectors found that the facilities were inadequate. Due to residents' dependency levels nearly all in St Brigid's ward were using a commode as required.

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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Effective care and support

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

There was a sluice room in St Brigid's Ward but it did not include a separate hand wash sink for staff.

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:

Following inspection – management have met with both estates and all relevant HSE stakeholder including clinicians.

It's been agreed that 100 bedded replacement community nursing unit is required for the green field site adjacent to the current building.

Estates have sought approval nationally to appoint an architect to carry out a site survey and necessary preparatory work.
The separate hand wash sink for staff has been installed in the sluice room in St Brigid's Ward.

Proposed Timescale: 19/06/2015

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 design and layout of the multi-occupancy bedrooms did not promote privacy and dignity for residents.

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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Person-centred care and support

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

In one ward nearly all residents were using a commode as required which also impacted on people's privacy.

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 response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale: