

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Unit 1 St Stephen's Hospital
Centre ID:	OSV-0000715
Centre address:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork.
Telephone number:	021 482 1411
Email address:	flo.dupas@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Gretta Crowley
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	11

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:
24 February 2015 08:30	24 February 2015 17:30
25 February 2015 08:30	25 February 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

This report sets out the findings of an announced registration renewal inspection and it was the seventh inspection undertaken by the Authority in Unit 1, St Stephen's Hospital. The provider applied to renew their registration which will expire on 25 June 2015. This renewal of registration inspection took place over two days. As part of the inspection the inspectors met with the recently appointed Person in Charge, Business Manager, Clinical Nurse Manager (CNM 2), residents, relatives, and staff members. The Designated Provider was unable to attend the registration inspection. The inspectors observed practices and reviewed governance, clinical and operational documentation to inform this registration renewal application.

The person in charge and CNM 2 displayed adequate knowledge of the standards and regulatory requirements.

Seven completed questionnaires were submitted to the Authority and inspectors spoke with relatives during the inspection. The collective feedback from relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and this was observed throughout the inspection. The degree of cognitive impairment of residents prevented them from verbalising their feedback, nonetheless, inspectors observed that residents appeared relaxed and happy in their surroundings and interactions with staff. Overall, staff were kind and respectful to residents and demonstrated good knowledge of residents.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix were adequate to meet the assessed needs of residents.

While there was some improvement in the accommodation provided for residents, overall, there were limitations in the layout of the physical environment mindful of the degree of cognitive impairment of residents accommodated in this centre. These were identified in previous inspection reports and will be discussed under Outcome 12 Suitable and Safe Premises.

Risk was identified on inspection regarding obstruction of escape doors and this was discussed at the feedback meeting with the person in charge and business manager. Details of this issue will be reported under Outcome 8 Health and Safety and Risk Management. The Office of the Chief Inspector issued an immediate action plan request to remedy the risk.

The inspectors identified other aspects of the service requiring improvement to ensure compliance with the Regulations.

These improvements included:

- 1) statement of purpose required review
- 2) residents' guide required review
- 3) some policies were not comprehensive
- 4) reviewing and improving the quality and safety of care
- 5) aspects of care planning
- 6) aspects of medication management
- 7) complaints procedure.

The action plan at the end of this report sets out the actions necessary 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.

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 (SOP) was reviewed and updated in October 2014 to reflect the recent changes to the management structure with the recently appointed person in charge. However, all items listed in Schedule 1 of the Regulations were not detailed in the statement of purpose. While services were listed, the SOP did not include how residents accessed these services. Facilities described did not outline facilities available to residents, but to staff. The governance structure related to St Stephen's Hospital and was not specific to Unit 1. It did not outline the reporting responsibilities relating to Unit 1. The fire precautions and associated emergency procedures did not reflect the individual resident risk assessments evidenced in care plans to enable staff to safely care for each resident in an emergency.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

While audits were completed however, a formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety was not embedded. That is, the quality and safety of care and the quality of life for residents was not continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received.

Quality data gathered on a weekly basis included pain, pressure sores, physical restraint, psychotropic medication, falls, significant weight loss, complaints, unexplained absences, significant events and immobile residents. The person in charge monitored these statistics on a monthly basis and trended the information to inform practice.

Clinical audits completed included hand hygiene, restraint and falls. The person in charge had just introduced a new falls pathway to enable best practice regarding balance of risk with independence of residents. Medication management audits with antibiotic and psychotropic usage were undertaken by the pharmacist on-site. However, other clinical audits were not demonstrated to monitor quality and safety of care and quality of life of residents.

The person in charge was recently appointed to the post. She also held the full-time position of practice development coordinator for St Stephen's Hospital. While there were clearly defined management structures in place, the person in charge did not have protected time to fulfil her role and responsibilities as person in charge of Unit 1, and this was identified at feedback meeting.

Judgment:

Non Compliant - Moderate

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:

Contracts of care were in place and were securely maintained in the nurses' office. While some contracts detailed fees to be charged, others did not. Additional fees were not identified in the contracts.

A residents' guide was available for residents and their relatives. Each resident received a copy of the guide on admission. However, it did not contain all the details listed in the Regulations and was not in an accessible format for relatives and residents.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

St Stephen's Hospital is predominantly a mental health facility, with Unit 1 as the only designated centre within the hospital campus. The person in charge was part of the management team of St Stephen's Hospital as Practice Development Coordinator CNM 3.

The post of the person in charge was held by a registered nurse with the required experience of nursing dependant people. She demonstrated adequate knowledge and understanding of the Regulations and National Standards to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities; however, she was also practice development co-ordinator for St Stephen's Hospital. While this was a great asset to Unit 1 and the staff, she did not have protected time to fulfil her role as person in charge as described previously. There was evidence that the PIC had a commitment to her own continued professional development and had completed many courses such as diploma in Healthcare Management. The person in charge was supported in her role in Unit 1 by the CNM 2, CNM 1 as well as senior staff nurses.

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:

The inspector was satisfied that the records required in Schedule 2 (staff files), Regulation 21 (Records), Regulation 25 (medical records), Schedule 4 (general records) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Information required for Regulation 19 the Directory of Residents was incomplete but this was remedied before the end of inspection.

While the policies relating to Schedule 5 (operating policies and procedures) were in place, some of them were not comprehensive and these will be discussed under the relevant outcomes throughout the report.

A letter of insurance was demonstrated, however, this was not dated so the inspectors were unable to determine if the insurance cover was current.

Judgment:

Substantially 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 was aware of her responsibilities regarding notification to the Authority should the occasion arise. Deputising arrangements were in place to ensure care and welfare of residents. Assistant directors of nursing were available on rotation to assume responsibility for the service at weekends, bank holidays and on night duty. The CNM 2 and CNM 1 had responsibility for the day-to-day running of their unit. Senior nurses were in place to support the management team also.

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:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward. They described an open and transparent culture which enabled reporting of any issues.

Feedback from relatives was positive and completed questionnaires stated the 'care' was excellent' and 'the experience staff had built up over the years of caring for people with dementia was invaluable'. They also reported that 'staff were exceptional' and their relative was 'cared for by staff who show respect and dignity at all times'.

There was an up-to-date policy for adult protection and the recently appointed person in charge was trained to facilitate education of staff in adult protection. She had completed this training along with other subjects to ensure staff were up-to-date with information. There were no residents' finances maintained in the centre.

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:

There was a health, safety and risk management policy in place which contained details on the identification, assessment of risks with measures and actions in place to control risks identified. The emergency plan was available with alternative accommodation

detailed, should the need arise.

There was a policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over some sinks hand-wash sinks. There were hand hygiene gel dispensers available throughout the centre. Advisory signage for best practice use of hand hygiene gels was displayed and the inspector observed that opportunities for hand hygiene were taken by staff. Staff, including household staff, had completed training in hand hygiene and infection prevention and control.

Current relevant fire certification for maintenance and servicing was evidenced. A fire safety register was in place, with daily, weekly and monthly fire safety checks evidenced, in line with best practice guidelines. Staff had completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced by fire training records reviewed. Fire safety evacuation notices were displayed in a prominent position throughout the centre; these were colour coded and identified 'where I am now'. However, all escape doors to the exterior of the building were locked and were not connected to the fire safety system to automatically release doors in the event of an emergency such as fire. An emergency key was not in place alongside emergency doors to enable fast and safe egress. While staff had keys to open escape doors, these arrangement was not adequate to safeguard residents and visitors. For example, in an emergency, if staff could not access the area internally, they would have to go around the building to access the door externally to evacuate residents and visitors, delaying evacuation. The inspectors issued an immediate action plan to remedy the risks identified.

All staff had completed their mandatory training in moving and handling of residents.

A record was maintained of incidents and accidents. These were reviewed by the CNMs and person in charge and followed up at the daily ward meeting or at staff meetings. Residents care plans were updated following any incident or accident.

Judgment:

Non Compliant - Major

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 medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines was in place, however, it was not centre specific. An addendum reviewed outlined centre-specific practices for ordering and return of medications but its

title of 'return of unused or out-of-date medication' was misleading. Transcription did not occur in the centre. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolley and medication fridge were securely maintained in the locked clinical room; medication fridge temperatures were recorded.

Photographic identification was in place for all residents as part of their prescription/drug administration record chart to mitigate risk, as described in best practice professional guidelines. A sample of prescriptions was reviewed and they were largely in compliance with professional guidelines, however, maximum dosage for PRNs (as required medications) was not included in those reviewed. Best practice guidelines suggest that staff have access to a medication identification sheet to mitigate risk of medication errors but this did not form part of medication management. Drug administration sheets were changed since previous inspections and times of administration of medications on the sheet did not correlate with actual administration times; this resulted in staff changing the administration times, which could lead to medication errors. This was highlighted at the feedback meeting. While signature sheets were in place as part of medication management, all staff had not signed this in compliance with professional guidelines. Actions relating to medication management were included under outcome 11 Health and Social care needs and outcome 5 Documents to be kept in the designated centre.

There were two pharmacists available on site and daily medication checks were completed in Unit 1. Regular medication reviews were undertaken by the pharmacist, doctor and CNMs involved in the residents' care. The rationale for PRNs psychotropic medications was recorded. The pharmacist also undertook regular education sessions with staff, for example, medication interactions, treatments for specific diagnoses and administration of specific oral medications (buccal midazolam).

Medication errors and near misses were recorded and monitored by the CNM 2. The CNM 2 reported to the inspector that these were discussed at ward hand-over meetings and staff meetings to mitigate risk of recurrence.

Judgment:

Substantially Compliant

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:

Notifications received by the Authority were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to the Authority were

timely and comprehensive. Records were maintained of incidents occurring in the centre and were monitored by the CNM 2 and person in charge.

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):

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

Findings:

A sample of residents' assessments and care plans were reviewed. The inspectors noted a significant improvement in documentation and information was resident-centred and there was evidence that relatives were involved in care planning with signatures of relatives on documentation. Evidence-based clinical risk assessments formed part of residents' documentation and these were reviewed four-monthly or more frequently if their clinical condition warranted. While most of the clinical information available informed risk assessments and care planning however, some information did not, for example, specific instructions following speech and language or dietician reviews were not included in some care plans reviewed.

Occupational therapy was provided and residents had access to dietician and speech and language therapy, physiotherapy and chiropody. The medical director consultant psychiatrist had responsibility for St Stephen's hospital including Unit 1. The medical team consisted of two consultant psychiatrists; two medical registrars and two senior house doctors from the general practitioners' (GP) training rotation scheme, which rotated every six months. This team of doctors provided 24 hour medical care and there was evidence that residents had timely medical reviews. Weights and blood pressure were recorded monthly and more often if the clinical condition warranted.

There was a centre-specific restraint policy that included direction for staff to consider all other options prior to its use. The inspectors observed that bedrails and their use followed an appropriate assessment. The inspectors noted that signed information sheets in relation to the use of restraint were obtained from relatives and co-signed by the CNM 2 and medical doctor.

Residents' social care needs were supported. There was an open visiting policy and the inspectors observed visitors throughout the day. There was space for visiting in private

in a small sitting room which was part of a suite to accommodate end of life care for a resident and their family. This included a separate single bedroom, kitchenette and sitting room. Choice in daily routines was evident and activities available which included music, massage, art, and exercises.

Staff demonstrated knowledge of individualised care with residents with challenging behaviour. Staff had completed training in effective management of residents with complex communication needs.

Photographic identification was required for each resident as part of safe medication management as well as unexplained absence of a resident and other legislation; consent for photographs was obtained.

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:

Unit 1 was situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. St Stephen's Hospital was predominantly a mental health facility with a total capacity for 94 people. It facilitated acute mental health, enduring mental health and Unit 1, an Alzheimer's Unit. It was situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. There were extensive walk-ways as well as a pitch and putt club within the campus, which the local community availed. There was ample parking for visitors and staff.

Unit 1 was a single storey detached building which could accommodate 23 residents. Services provided included 24 hour nursing care for long-stay, respite, and palliative care to older people with a diagnosis of dementia. There were 12 residents living there at the time of inspection, all with a diagnosis of cognitive impairment. Residents' accommodation comprised of one single room, four four-bedded and one six-bedded room. Multi-occupancy bedrooms presented significant constraints in meeting residents' individual and collective needs mindful of privacy and dignity. Previously, bed rooms accommodated six beds, and these were reduced down to four-bedded rooms.

However, the extra space had not been reallocated between the bed areas to afford residents the extra space to accommodate their wardrobes or bedside chairs. This was highlighted in previous inspection reports. While larger wardrobes with bedside lockers attached were procured for residents, many residents did not have access to the bedside lockers as they were on the wrong side of beds. Some televisions provided however, they were positioned too high for residents to view.

Communal space included a dining room and sitting room. There was a seating area inside the main entrance to Unit 1. There was a visitors' room for families to visit in private and an over-night guest room with kitchenette facilities. There were five toilets, one of which was labelled an assisted toilet however it did not have assistive equipment. There was a glass-topped trolley with disposable gloves stored in the assisted toilet and inspectors requested that this be reviewed and risk assessed mindful of the degree of cognitive impairment of residents. There were two assisted shower facilities, however, there were a lot of items inappropriately stored here, for example, a bed pan and bed pan holder on a glass-topped trolley. Residents had access to an enclosed garden with walkway and garden furniture with panoramic views of the valley and countryside. However, part of the pathway had briars invading the area and some glass panes in the partitioning were broken.

Staff facilities included staff changing room with lockers and staff room with kitchenette facilities. There was a large canteen within the hospital grounds which all staff could avail.

There were hand-washing facilities available in each bedroom and clinical rooms and hand gel dispensers for staff and visitors to the centre. Infection prevention and control guidelines were in place. The sluice room was upgraded on the last inspection and was secure, clean and tidy.

There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses.

The cleaners' room was inspected. New flooring was evidenced, however, this room was unsecure during the inspection enabling unauthorised access to chemicals.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

While the complaints procedure was displayed prominently at main reception, it was not in an accessible format for residents and relatives as it did not clearly outline the procedure to follow. While the complaints policy contained most of the details listed in the Regulations it did not identify the 'nominated person other than the person nominated in Regulation 34 (1)'. The complaints log was reviewed and complaints were recorded in line with the Regulations, including the outcome of whether the complainant was satisfied with the outcome. The CNM 2 monitored complaints and endeavoured to resolve issues as soon as they arose.

Judgment:

Substantially 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:

There was a policy in place for end-of-life care and while this was in date however, it focused on the imminent end of life care and not on the preceding time. It did not reflect the comprehensive care plan evidenced in residents' documentation which captured residents' wishes and needs and discussions between the medical team and next of kin regarding end of life decisions. The action relating to this outcome is reported under outcome 5, documents to be maintained in the designated centre.

Spiritual needs were facilitated with Mass held weekly in the centre; other denominations were facilitated upon request. Residents had access to consultant palliative care and the hospice services. Staff had completed professional development regarding end of life care and palliative care. Care practices observed would suggest that residents would be cared for with the utmost respect. The person in charge had completed the thematic self-assessment relating to end-of-life care and nutrition.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

While there was a policy in place for food and nutrition with a recognised risk assessment tool, monitoring and documentation of nutritional status however, it did not direct staff regarding referrals to either speech and language (SALT) speciality or dietician; textured/modified diets were not described to inform staff how to constitute food or fluids in accordance with SALT or dietician instructions.

Food was prepared in the main kitchen on campus and transported to the centre in heated containers. The kitchen in the designated centre had facilities to ensure appropriate temperatures were maintained for foods delivered. Records were maintained by kitchen staff of food stuffs in accordance with best practice guidelines. Residents had choice at each mealtime and relatives spoken with gave positive feedback regarding the degree of choice as well as the quality of their food. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted; dietary intake was recorded when necessary and residents were prescribed supplements when their condition necessitated. Residents had access to fresh water and other fluids throughout the day.

Residents requiring assistance with their meals were helped appropriately and with respect in a dignified manner. While the dining experience appeared a pleasant relaxed occasion however, there was inadequate space to accommodate 23 residents in the dining room if there was full occupancy in the centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors noted that residents received care in a dignified way that respected them individually. The centre operated an open visiting policy which was observed throughout the inspection. Completed relatives questionnaires commended staff on how welcoming they were to all visitors. The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful.

Minutes of advocacy meetings held quarterly and demonstrated that relatives attended these meetings. The CNM 2 relayed information to relatives about many topics including inspections, care planning, flu vaccinations, life story books and residents' clothing.

Staff had completed training in hand massage and inspectors observed bed-bound residents receiving hand massage. Staff members with families had completed the 'Life Story' as part of their reminiscence therapy. The occupational therapy co-ordinator completed an activities record detailing the residents' involvement in the activity. Relatives spoken with also gave positive feedback regarding communication and involvement with their relative's care and welfare and the ease of access to all staff to discuss matters. A recent evidence-based activities practice was introduced which involved/encouraged activities in all resident interactions and was the responsibility of all care staff. Inspectors observed this in practice and staff gave positive feedback regarding this practice. Overall, there was significant improvement with a holistic approach to activities demonstrated on inspection.

Judgment:

Compliant

***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):

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions and staff maintained a record of residents' personal property to enable them to retain control over their personal possessions. As previously described, due to the poor positioning of wardrobes/bedside lockers alongside beds, it could be difficult for residents to access their personal property.

Laundry was segregated at source and staff demonstrated best practice regarding safe handling of unclean laundry with the use of alginate bags were appropriate. There were no laundry facilities on-site, all laundry was externally contracted. Feedback from relatives identified that there was issues with returned laundry, for example, comments in questionnaires included 'laundry could be better', 'clothes, even though fully labelled don't always come back', 'clothes are shrunk and very wrinkled most of the time'.

Judgment:

Substantially 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):

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

Findings:

The staff numbers and skill mix throughout the day was adequate to meet the needs of residents and hygiene of the centre cognisant of the size and layout of the centre. Multi-task attendants were responsible for the kitchen. Cleaning duties were the responsibility of contract cleaners with supervision by their contract supervisor. An additional role of care assistants was now included in the staff roster with one care assistant on duty every day with three nurses. Staff gave positive feedback regarding the addition of the role of care assistant to the skill mix.

There was evidence of staff education programme and staff had attended a wide range of training, for example, management, dementia, final journeys – what matters to me and medication management associated with end-of-life care, professional management of aggression and violence (PMAV), prevention of elder abuse, manual handling, food safety, hand hygiene, infection prevention and control, falls prevention, and restraint.

A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken.

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:

Breeda Desmond
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:	Unit 1 St Stephen's Hospital
Centre ID:	OSV-0000715
Date of inspection:	24/02/2015
Date of response:	08/07/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

While services were listed, the SOP did not include how residents accessed these services.

Facilities described did not outline facilities available to residents, but to staff.

The governance structure related to St Stephen's Hospital and was not specific to Unit

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

1. It did not outline the reporting responsibilities relating to Unit 1.

The fire precautions and associated emergency procedures did not reflect the individual resident risk assessments evidenced in care plans to enable staff to safely care for each resident in an emergency.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of Purpose has been up-dated to contain information on how residents access services and facilities. It outlines more clearly the governance structure specific to Unit 1. A clearer outline of the emergency procedures has been included.

Proposed Timescale: 30/03/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

While audits were completed, a formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety was not embedded. That is, the quality and safety of care and the quality of life for residents was not continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

A quality Assurance and Continuous Improvement Template exists which monitors each resident`s pain, pressure areas, whether physical restraint is used, any psychotropic medication or sedation used, indwelling catheter, whether in bed or in a chair, any complaints, unexplained absence or any significant events. We will commit to audit the information gained from these on a yearly basis.

A questionnaire for relatives is being drafted to encourage feedback on how services can be improved

We can commit to the annual review of quality and safety with input from pharmacy and multi-disciplinary team.

Proposed Timescale: 21/08/2015

Theme:

Governance, Leadership and Management

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

While there were clearly defined management structures in place, the person in charge did not have protected time to fulfil her role and responsibilities as person in charge of Unit 1.

Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

A meeting between the person in charge and the Area Director of Nursing has taken place.

Proposed Timescale: 01/06/2015

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:

The residents' guide did not contain all the details listed in the Regulations and was not in an accessible format for relatives and residents.

Action Required:

Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

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

The Residents handbook has been up-dated.

Proposed Timescale: 01/04/2015

Theme:

Governance, Leadership and Management

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

While some contracts detailed fees to be charged, others did not. Additional fees were not identified in the contracts.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The contract of care now states that no other charge is liable to the resident over and above the stated fortnightly payment.

Proposed Timescale: 01/04/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines was in place, however, it was not centre specific.

An addendum reviewed outlined centre-specific practices for ordering and return of medications but its title of 'return of unused or out-of-date medication' was misleading.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The Medication management policy will be amended to incorporate this addendum and ensure that all information provided is accurate and centre specific.

Proposed Timescale: 01/06/2015

Theme:

Governance, Leadership and Management

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

There was a policy in place for end-of-life care and while this was in date it focused on the imminent end of life care and not on the preceding time. It did not reflect the comprehensive care plan evidenced in residents' documentation which captured residents' wishes and needs and discussions between the medical team and next of kin

regarding end of life decisions.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The policy on end of life will be up-date.

Proposed Timescale: 08/05/2015

Theme:

Governance, Leadership and Management

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

A letter of insurance was demonstrated, however, this was not dated so the inspectors were unable to determine if the insurance cover was current.

Action Required:

Under Regulation 22(1) you are required to: Effect a contract of insurance against injury to residents.

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

An Insurance Certificate is sought on a yearly basis from HSE Insurance Manager. A copy of this request will be kept on file.

Proposed Timescale: 04/05/2015

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:

All escapes door to the exterior of the building were locked and were not connected to the fire safety system to automatically release doors in the event of an emergency such as fire. An emergency key was not in place alongside emergency doors to enable fast and safe egress. While staff had keys to open escape doors, these arrangement was not adequate to safeguard residents and visitors. For example, in an emergency, if staff could not access the area internally, they would have to go around the building to access the door externally to evacuate residents and visitors, delaying evacuation.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and

suitable bedding and furnishings.

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

Automatic Release doors will be installed to replace all escape doors in consultation with the HSE Fire And Safety Officer .Work is proposed to be complete by 16th March 2015.

Proposed Timescale: 16/03/2015

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:

While most of the clinical information available informed risk assessments and care planning, some information did not, for example, specific instructions following speech and language or dietician reviews were not included in some care plans reviewed.

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:

Care plan reviews have now been undertaken

Proposed Timescale: 05/03/2015

Theme:

Effective care and support

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

A sample of prescriptions was reviewed and they were largely in compliance with professional guidelines, however, maximum dosage for PRNs (as required medications) was not included in those reviewed.

Best practice guidelines suggest that staff have access to a medication identification sheet to mitigate risk of medication errors but this did not form part of medication management.

Drug administration sheets were changed since previous inspections and times of administration of medications on the sheet did not correlate with actual administration times; this resulted in staff changing the administration times, which could lead to

medication errors.

While signature sheets were in place as part of medication management, all staff had not signed this in compliance with professional guidelines.

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:

Pharmacists have committed to re-emphasis that it is essential that max doses are included on all prescriptions when presenting to the NCHD`s at their induction day. If the max dose has not been included in the prescription Nurses have committed to ensuring that the NCHD on duty is called to enter same.

Medication Identification sheets will be provided by pharmacy.

A new Kardex will be developed to ensure that times of administration are clearly marked and that the risk of medication error relating to administration times is minimised. A pilot medication sheet will be introduced on 6th May 2015. Decision will be made on a new kardex by 16th June 2015

Proposed Timescale: 16/06/2015

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:

Previously, bed rooms accommodated six beds, and these were reduced down to four-bedded rooms. However, the extra space had not been reallocated between the bed areas to afford residents the extra space to accommodate their wardrobes or bedside chairs.

While larger wardrobes with bedside lockers attached were procured for residents, many residents did not have access to the bedside lockers as they were on the wrong side of beds.

Some televisions were positioned too high for residents to view.

There were five toilets, one of which was labelled an assisted toilet however it did not have assistive equipment.

There was a glass-topped trolley with disposable gloves stored in the assisted toilet and inspectors requested that this be reviewed and risk assessed mindful of the degree of cognitive impairment of residents.

There were two assisted shower facilities, however, there were a lot of items inappropriately stored here, for example, a bed pan and bed pan holder on a glass-topped trolley.

Part of the pathway in the enclosed garden had briars invading the area and some glass panes in the partitioning were broken.

The cleaners' room was unsecure during the inspection enabling unauthorised access to chemicals.

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:

Curtains will be re-adjusted in the rooms accommodating four beds to incorporate maximum space for each resident.

Wardrobes have been moved allowing resident's access to lockers at all times.

Television stands will be provided to allow for adjustment in height of T.Vs.

Signage on toilet to be changed .Glass top trolley has been moved.

Assisted shower facilities have been tidied.

Garden pathway has been cleared and glass replaced.

Instructions given to contract cleaners who have committed to ensuring the cleaner's door is kept locked at all times.

Proposed Timescale: 01/08/2015

Theme:

Effective care and support

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

Residents' accommodation comprised of one single room, four four-bedded and one six-bedded room; multi-occupancy bedrooms presented significant constraints in meeting residents' individual and collective needs mindful of privacy and dignity.

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:

I wish to confirm that our estates department are current appointing a design team for all of the facilities in Cork North including Unit 1, at this time we do not have the estimated costs associated with the necessary works

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

While the complaints policy contained most of the details listed in the Regulations it did not identify the 'nominated person other than the person nominated in Regulation 34 (1)'.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The Nominated person Carrie Gormley CNM2 has been added to the complaints procedure

Proposed Timescale: 05/03/2015

Theme:

Person-centred care and support

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

While the complaints procedure was displayed prominently at main reception, it was not in an accessible format for residents and relatives as it did not clearly outline the procedure to follow.

Action Required:

Under Regulation 34(1)(e) you are required to: Assist a complainant to understand the complaints procedure.

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

The complaints procedure displayed had been up-dated to give a clear outline of the steps to take in the event of a resident or family member making a complaint.

Proposed Timescale: 05/03/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

While there was a policy in place for food and nutrition with a recognised risk assessment tool, monitoring and documentation of nutritional status, it did not direct staff regarding referrals to either speech and language (SALT) speciality or dietician; textured/modified diets were not described to inform staff how to constitute food or fluids in accordance with SALT or dietician instructions.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Food and Nutrition Policy has been up-dated.

Proposed Timescale: 03/04/2015

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 the poor positioning of wardrobes/bedside lockers alongside beds, it could be difficult for residents to access their personal property.

Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Lockers have been repositioned.

Proposed Timescale: 05/03/2015

Theme:

Person-centred care and support

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

Feedback from relatives identified that there was issues with returned laundry, for example, comments in questionnaires included 'laundry could be better', 'clothes, even though fully labelled don't always come back', 'clothes are shrunk and very wrinkled

most of the time'.

Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

Contact has been made with Spring Grove laundry who have committed to improving the quality of services provided to Unit 1.

Proposed Timescale: 14/04/2015