

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Patrick's Hospital
Centre ID:	OSV-0000589
Centre address:	Cahir Road, Cashel, Tipperary.
Telephone number:	062 61100 Ext 201
Email address:	mary.prendergast2@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bridget Farrell
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	119
Number of vacancies on the date of inspection:	26

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 May 2016 09:00 To: 25 May 2016 17:00

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

Outcome	Our Judgment
Outcome 03: Information for residents	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

St. Patrick's Hospital, Cashel comprises a total of six units over two sites. Five of the units (St Benedict's (rehabilitation centre), St Clare's, St Michael's, St Anthony's and St Anne's/Bernadette's units) are located on the main campus in the outskirts of Cashel town. St Anthony's Unit is located on a separate site in Clonmel, approximately 14 miles from Cashel. Residential, respite and rehabilitation accommodation is provided on the main campus in Cashel; respite and residential accommodation is provided in Clonmel. The inspector observed practices and reviewed documentation such as medication records, health and safety, risk management policies and procedures, care planning and contracts of care.

This was an unannounced follow up inspection conducted to review aspects of the physical environment in relation to the application to register the designated centre. The premises continued to provide significant challenges to the provision of person-centred care that respected the privacy, dignity and independence of residents. The inspector also followed up on any actions arising from the previous registration renewal inspection of May 2015. The majority of actions had been completed with

the exception of the premises and issues relating to care planning and end of life care.

As identified in all 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). Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that the Residents' Guide was not in an accessible format. The contracts of care did not clearly outline all the services to be provided and any additional charges incurred.

On this inspection an accessible Resident's Guide was available to residents which described the services and facilities provided by the centre. The inspector read a sample of completed contracts and saw that they adequately met the requirements of the Regulations as they included adequate details of the services to be provided and the fees to be charged.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that strategies outlined in positive behaviour support plans were not always implemented. Care plans were not always developed to guide staff in the use of chemical restraint in line with national policy.

There was a policy in place for behaviour that is challenging, and staff had received training on responsive behaviours as part of dementia care training. The inspector observed that almost 100% of staff had received training in care planning and pro nee rata (P.R.N) psychotropic medication. Staff spoken to by the inspector were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents.

Residents had been regularly reviewed by their GP, and there was access to psychiatric services for further specialist input as observed by the inspector. The behaviour support plans seen were person-centred, guided practice and included input from the psychiatric liaison support team, the resident and their families

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

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

Findings:

On the previous inspection it was found that access to high risk areas, such as the sluice, was seen to be unrestricted due to unlocked doors. The emergency plan was not adequate as it would not guide staff in the event of a premises being uninhabitable.

Smoking areas were provided in open corridors. Smoking aprons were not available in all smoking areas. A means to raise the alarm was not provided in all smoking areas.

Personal evacuation plans had not been developed for short stay residents. Personal evacuation plans had not been updated in line with a resident's changing needs.

On this inspection the inspector found that for the most part the actions were completed. The inspector observed that access to all high risk areas have been reviewed to ensure that appropriate security systems are fitted to all high risk areas in line with risk management policy.

The inspector reviewed the emergency plan and found that it did adequately guide staff in the event of an emergency. The inspector reviewed a sample of personal evacuation

plans for residents in continuing care and found that they were in line with residents' changing needs. While the inspector did not review short stay residents' personal evacuation plans the person in charge told the inspector that all short stay residents had an evacuation plan.

The inspector observed that smoking areas in two of the units remain in the open corridors rather than a separate smoking area which is unsatisfactory practice for non-smoking residents. Fire fighting equipment was now located adjacent to all smoking rooms. All residents that smoked in open corridors were risk assessed to ensure that all risks associated with smoking are reduced to a minimum.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
On the previous inspection it was found that medication prescription sheets did not contain a signature for each medication order. The inspectors reviewed a sample of six prescription sheets and found that all medicinal products were individually prescribed 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.

On the previous inspection it was identified that where medications were administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. The inspector reviewed a sample of medication charts where medications were to be administered in a modified form and found that each medication was individually prescribed and signed by the prescriber.

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):

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

Findings:

On the previous inspection it was found that care plans were not always implemented. A number of care plans reviewed contained generic information and were not sufficiently personalised. Care plans were not always developed to meet the assessed needs of residents. The nature and extent of care plan review was inconsistent.

The inspector reviewed a sample of care plans and found that care plans for residents were person centred and specific to guide staff and manage the needs identified. The inspector saw that almost 100% of staff had completed care planning and documentation training in 2015. A care plan and record keeping audit conducted in November 2015 indicated an overall compliance of 96%

Additional information to support residents, with behaviours that challenge was also included. Comprehensive nursing assessments, using validated assessment tools were carried out on admission of all residents. Each resident had a care plan developed to address their individual needs. Residents' care plans were reviewed and updated if necessary every four months or more frequently in response to their changing needs. However in the sample reviewed there was inconsistent evidence of the resident and their families involvement in the development and subsequent review of care plans as required by legislation.

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:

On the previous inspection it was found that the design and layout of the premises did not meet the individual and collective needs of residents. There was:

- Inadequate private and communal accommodation was provided for residents
- the vast majority of bedrooms did not contain the minimum floor space as outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland.
- space for personal storage was limited
- many communal areas were multi-purpose
- limited storage was available for equipment
- sanitary and toilet facilities in many units were insufficient or inadequate to meet the needs of the residents having regard to their dependencies.

A walk-through of the premises was undertaken as part of the inspection. No progress had been made in relation to the premises since the previous inspection. Overall, the premises did not meet the collective and individual needs of residents, in particular St Clare's ward which was the focus of this inspection. The design and layout of the units was not suited to meeting the individual or collective needs of residents in terms of their privacy, dignity, independence and space provided.

Four single bedrooms were provided throughout the centre, three of which were ensuite. There were three twin bedrooms, none of which were ensuite. Only two of the single bedrooms provided a minimum of 9.3m² of usable floor space. The twin bedrooms provided a minimum of 7.4m² per resident as required under the National Quality Standards for Residential Care Settings for Older People in Ireland. The rest of the bedrooms provided accommodation for three to seven residents. The size and ward-type layout of these bedrooms did not provide adequate space for residents at their bedside for provision of care, private activities, personal storage and the use of assistive equipment.

On St Clare's unit, the inspector saw that two multi-occupancy rooms continued to act as corridors/thoroughfares thereby impacting on and limiting the privacy that could be afforded to both residents while engaged in private activities or receiving personal care. Only two of the four bedrooms on this unit are not used as thoroughfares to access other bedrooms, communal areas, toilets, bathrooms etc.

The inspector saw that staff sought to deliver discreet personal care while other dependent residents were also present in the room on the day of inspection. The design and layout of this unit is further impacted on by the requirement to negotiate three ramps internally. The ramps impacted significantly on residents' ability to move freely around the unit. Sanitary and toilet facilities in many units were insufficient or inadequate to meet the needs of the residents having regard to their dependencies. Many bathrooms, shower facilities and toilets were not easily accessible or located conveniently to bedrooms and communal areas.

Storage for equipment was limited throughout and the inspector saw equipment stored in sanitary facilities, empty bedrooms and corridors. Communal space was provided for

residents on each unit. However, the inspector saw that this space was inadequate. On one unit, a dining space was not available to residents at times as it was also used as an area for staff to take breaks. Two of the units only had one communal area used for both recreation and dining. One of these units was St Clare's unit which also had limited personal space for residents. There was ample and attractive outdoor space on the grounds for residents that contained a number of safe pathways and seating opportunities.

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

Findings:
On the previous inspection it was found that the recording of complaints was not consistent in relation to:

- the name of the person receiving the complaint
- the name of the complainant
- the satisfaction of a complainant with the outcome.

The complaints audit did not review complaints resolved at ward levels and so was unable to trend, and set learning outcomes, for all complaints. The response to some minor complaints was not appropriate

On this inspection the inspector reviewed a sample of the complaints log at ward level and the main complaints register held by the person in charge. The inspector found that the complaints template had been amended to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. The complaints audit template had been revised to include informal local complaints review and analysis. The inspector saw that 82% of staff had received training in complaints in 2015 on St Clare's ward.

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):

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

Findings:

On the previous inspection it was identified that end of life discussions did not identify a preferred place of death.

On this inspection the inspector observed that the end-of-life assessment of some resident's wishes and preferences was commenced on admission. However, subsequent review of end of life care was infrequent. Some residents did not have a corresponding end of life care plan developed to inform their 'end of life' preferences and wishes for their physical, psychological and spiritual needs, including their preferences regarding their preferred setting for delivery of their end of life care. There were inconsistencies in relation to the resident involvement in the decision making process relating to end of life care.

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):

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

Findings:

On the previous inspection it was found that many activities took place in the afternoons only, were limited in choice and residents were not informed of activities in other units that they may wish to attend. Consultation with residents was not effective in some areas.

On this inspection the inspector observed that 48 hours was dedicated to activities over

a six day period. The inspector saw that there was an activity programme now in place to include morning activity sessions. The inspector saw that there was a programme posted on each ward giving details of the activities taking place throughout the hospital. A resident told the inspector she enjoyed being part of a knitting club. Satisfaction surveys had been completed in August 2015. Overall, 92% of the responses were satisfied with care and services provided.

This was an increase from 2014 which indicated 88% of respondents were satisfied with the services provided. The inspector observed that there was an independent advocate assigned to each unit. The inspector was informed that one resident goes down town to play cards a couple of times per week. The inspector spent a period of time observing staff interactions with residents in a unit. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. Observations of the quality of interactions between residents and staff for a selected period of time indicated that the majority of interactions demonstrated positive connective care. Staff were observed to be very familiar with residents' physical care needs and their family backgrounds.

The inspector observed that there were scheduled dates for residents' meetings to take place during the year. The inspector was satisfied that there were opportunities for all residents to participate in activities and to participate in the organisation and running of the centre.

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):

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

Findings:

On the previous inspection it was found that review of staffing was required, especially from 17:30 to 20:00, to ensure that staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated on each unit.

The system of appraisal was inconsistent and may not improve the practice or accountability.

The inspector reviewed actual and planned rosters and observed that additional staffing on the 17:30 to 21:30 shift was in place. The template of appraisal has been revised to include follow-up on actions and outcomes. The person in charge told the inspector that it was working well. Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies as the programme reflected the needs of residents. All staff employed on St. Clare's ward had attended mandatory fire, manual handling and elder abuse training.

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:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	St Patrick's Hospital
Centre ID:	OSV-0000589
Date of inspection:	25/05/2016
Date of response:	24/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The inspector observed that smoking areas in two of the units remain in the open corridors rather than a separate smoking area.

1. 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

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

suitable bedding and furnishings.

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

Suitable fire equipment/bedding and furniture is in place. St. Patrick's is a smoke free campus and all residents are supported to cease smoking. The environmental issues associated with the current infrastructure currently prohibits an alternative solution to be found for those who have been risk assessed as needing to continue smoking. All possible precautions are implemented to minimise the risk of fire.

Proposed Timescale: 31/12/2021

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

In the sample of care plans reviewed there was inconsistent evidence of the resident and their families involvement in the development and subsequent review of care plans as required by legislation.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All residents care plans will be reviewed with resident/family at intervals not exceeding four months, in accordance with Regulation 5 (3) and will if necessary be revised, after consultation with the resident and/or their family.

Further training in care planning scheduled and ongoing with specific reference to resident/family participation in care plan development and review in line with current legislation. This will be completed by 1 July 2016.

Proposed Timescale: 24/06/2016

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 design and layout of the premises did not meet the individual and collective needs

of residents.

3. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

- 1.The requirement to develop Clinical Nursing Unit(s), comprising of 100/110 beds has been recognised nationally and the HSE is committed to having this infrastructure in place by the end of 2021. A project group to oversee the development of these unit(s) will have its initial meeting in July.
- 2.The current St. Clare's Ward will close with the transfer of 11 female residents to the new St. Clare's Ward on the grounds of Our Lady's. This unit has been modified from its original 20 bedded structure to an 11 bedded unit i.e. nine single rooms and one double room to ensure compliance with HIQA Environmental Standards. Issues which are currently impacted on the transfer are Union agreement (Meeting arranged for 1st week in July), medical officer appointment and resident identification.
- 3.The HSE had previously taken a decision to utilise the first and second floor of the former Our Lady's Hospital to transfer residents on an interim basis while awaiting the finalisation of a new build.

The provider is aware, following a recent HIQA inspection, of HIQA's perspective i.e. Our Lady's Hospital should not be utilised to accommodate residents. Reasons cited were inadequate storage space and the non availability of outdoor space.

However the construction of the new CNM2 on the grounds of St. Patrick's may require the demolition of the current St. Benedict's Ward and therefore in the absence of an alternative residents from St. Benedict's ward may have to transfer to Our Lady's during construction work. The duration of their stay would be kept to a minimum and all residents/family would be consulted with prior to the transfer. The proposed timescale for transfer to the new St. Clare's Ward: 31 October 2016.

Proposed Timescale: 31/12/2022

Theme:

Effective care and support

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

- Inadequate private and communal accommodation was provided for residents
- the vast majority of bedrooms did not contain the minimum floor space as outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland.
- space for personal storage was limited
- many communal areas were multi-purpose
- limited storage was available for equipment
- sanitary and toilet facilities in many units were insufficient or inadequate to meet the needs of the residents having regard to their dependencies.

4. 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:

1. The requirement to develop Clinical Nursing Unit(s), comprising of 100/110 beds has been recognised nationally and the HSE is committed to having this infrastructure in place by the end of 2021. A project group to oversee the development of these unit(s) will have its initial meeting in July.
2. The current St. Clare's Ward will close with the transfer of 11 female residents to the new St. Clare's Ward on the grounds of Our Lady's. This unit has been modified from its original 20 bedded structure to an 11 bedded unit i.e. nine single rooms and one double room to ensure compliance with HIQA environmental standards. Issues which are currently impacted on the transfer are union agreement (Meeting arranged for 1st week in July), medical officer appointment and resident identification.
3. The HSE had previously taken a decision to utilise the first and second floor of the former Our Lady's Hospital to transfer residents on an interim basis while awaiting the finalisation of a new build.

The Provider is aware, following a recent HIQA inspection, of HIQA's perspective i.e. Our Lady's Hospital should not be utilised to accommodate residents. Reasons cited were inadequate storage space and the non availability of outdoor space.

However the construction of the new CNM2 on the grounds of St. Patrick's may require the demolition of the current St. Benedict's Ward and therefore in the absence of an alternative residents from St. Benedict's ward may have to transfer to Our Lady's during construction work. The duration of their stay would be kept to a minimum and all residents/family would be consulted with prior to the transfer.

Proposed Timescale: 31/12/2022

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Some residents did not have a corresponding end-of-life care plan developed to inform their 'end of life' preferences and wishes for their physical, psychological and spiritual needs, including their preferences regarding their preferred setting for delivery of their end of life care.

5. Action Required:

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

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

St. Patrick's will provide appropriate care and comfort to a resident approaching end of life, while addressing the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Re-training scheduled and ongoing with specific reference to the existing guidance document presently in place facilitating end of life care discussions.

Proposed Timescale: 31/07/2016