

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |                                      |
|---|--------------------------------------|
| <b>Centre name:</b>                                   | St Patrick's Hospital                |
| <b>Centre ID:</b>                                     | OSV-0000589                          |
| <b>Centre address:</b>                                | Cahir Road,<br>Cashel,<br>Tipperary. |
| <b>Telephone number:</b>                              | 062 61100 Ext 201                    |
| <b>Email address:</b>                                 | mary.prendergast2@hse.ie             |
| <b>Type of centre:</b>                                | The Health Service Executive         |
| <b>Registered provider:</b>                           | Health Service Executive             |
| <b>Provider Nominee:</b>                              | Bridget Farrell                      |
| <b>Lead inspector:</b>                                | Mary O'Donnell                       |
| <b>Support inspector(s):</b>                          | None                                 |
| <b>Type of inspection</b>                             | Announced                            |
| <b>Number of residents on the date of inspection:</b> | 117                                  |
| <b>Number of vacancies on the date of inspection:</b> | 17                                   |

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: To:  
22 October 2016 11:00 22 October 2016 01:30

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

| <b>Outcome</b>                                    | <b>Our Judgment</b>      |
|---|--------------------------|
| Outcome 01: Statement of Purpose                  | Non Compliant - Moderate |
| Outcome 08: Health and Safety and Risk Management | Compliant                |
| Outcome 11: Health and Social Care Needs          | Compliant                |
| Outcome 12: Safe and Suitable Premises            | Non Compliant - Major    |
| Outcome 14: End of Life Care                      | Compliant                |
| Outcome 18: Suitable Staffing                     | Compliant                |

**Summary of findings from this inspection**

St Patrick's Hospital, was developed to provide residential, rehabilitation and respite care to older adults. St Patrick's Hospital is registered for 134 places and includes a satellite unit 'St Anthony's' in Clonmel. Previous inspections have identified that the premises at St. Patrick's Hospital consisted mainly of ward-type accommodation and the physical environment was not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and was not conducive to meeting the needs of residents.

The long term plan is to replace the existing premises by 2021 with two new Community Nursing Units (CNUs). In the interim the provider submitted an application to register 11 places in a new facility on the grounds of Our Lady's Hospital, and then transfer 11 residents from St. Claire's unit to the new unit, which is close by. The purpose of this inspection was to inspect the new premises and to follow up on the action plans from the previous inspection in May 2016. The inspector found that three of the five action plans were completed and the two action plans that related to the premises would not be completed until the new CNUs were operational. Although smoking areas in the existing building were not ideal, the risks associated with smoking had been suitably addressed. Significant work had been done to support residents to plan ahead for their future care, including end of life care. There was evidence that residents and their relatives were involved in the development and review of care plans.

Issues relating to lack of privacy and dignity for residents in multi-occupancy rooms had been ameliorated with the removal of five beds from St. Anne's and St Bernadette's wards and increased wardrobe space for residents' clothing and possessions.

The design and layout of the new unit on the campus of Our Lady's Hospital was suitable for 11 residents. The single storey facility had nine single and one twin room. All bedrooms had en suite facilities. The communal facilities provided residents with a variety of rooms and residents had access to a pleasant secure garden.

The new unit provided an environment which was suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and will meet the needs of residents. This is discussed further in the report and included in the action plan at the end.

**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:**

Following discussions with the inspector the statement of purpose was reviewed and amended to reflect the accommodation in the new unit. The Statement of Purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. However the information about bed numbers in various wards was not set out accurately. Bed numbers in each ward as stated in the table on page 10 did not correlate with the bed numbers listed for each ward in pages 10-13. A number of revised Statement of Purpose documents were submitted following the inspection but this discrepancy was evident in all the revised copies. In the copy submitted on 25 Oct the table on page 10 states that there are 25 beds in St. Anne's/St. Bernadette's ward and the next table states there are 30 beds on the unit.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**

Non Compliant - Moderate

***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:**

Whilst acknowledging the limitations of the environment, the provider had put in place measures to mitigate the risks associated with smoking. The action plans to address the fire safety risks associated with cigarette smoking were completed.

The centre was a 'smoke free campus' and the person in charge told the inspector that there were three areas designated for residents use. A risk assessment had been carried out and measures put in place to control the risks identified. All furniture and bedding is made from fire retardant materials. The cushions in one external smoke room were removed and the fans in an internal smoking area at St. Benedict's ward, which were found to be faulty and replaced.

The inspector reviewed the care plan of a resident who smokes and found that a risk assessment had been done and reviewed on a monthly basis and their care plan in place was amended accordingly. The care plan stated that the resident has an exemption which allows him to smoke and that he should smoke only in the designated smoking area, under staff supervision all times. The inspector noted that smoking aprons were provided to prevent clothing from catching fire and suitably sturdy ash trays were provided.

In relation to the new unit, the inspector saw that the risk register for the centre included the risk assessments for St Claire's Unit and extra staffing at night as well as additional security checks were put in place to mitigate the risks identified. Visitors to the centre were monitored and there was a sign in book for all visitors to the centre, including the new St. Claire's unit.

**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:**

Lack of involvement of residents or their relatives in the development and review of care plans was identified on the previous inspection in May 2016. The action plan to address

this was found to be completed.

The person in charge told the inspector that all the care plans were reviewed at least on a four monthly basis, following consultation with the resident and or their family, if appropriate. The inspector randomly selected three residents' files and saw that the care plans were reviewed on a three monthly basis. There was documentary evidence that the residents when they could do so, contributed to the development of their care plan and family members were appropriately involved in the process.

The person in charge told the inspector that the medical officer who provided medical services to the residents in St. Patricks Hospital would not be covering the new St Claire's Unit. All 11 patients are being assigned Medical Cards and one a named local general practitioner would provide medical services to the residents. They would also have access to community out of hours medical services. The nurse prescriber from St. Patrick's Hospital would also be available to the residents in the new St Claire's Unit.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**  
Effective care and support

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

This was the centre's first inspection by the Authority.

**Findings:**  
The proposed new 'St Claire's Unit' is a detached single storey building situated on the grounds of Our Lady's Hospital which is also owned by Health Service Executive (HSE). An administration office and staff changing and shower facilities are situated off the entrance hall. Residents' accommodation comprises an open plan living area close to the entrance hall. The room is bright and has a clustered seating plan to encourage residents to interact socially. It has a fire place, a display case and a TV point, if residents want a television in this area. There are two assisted toilets close by and a quiet room to meet with visitors in private. The bedroom accommodation is located on two corridors with a dining room between them. The spacious dining room can accommodate up to 20 people and has large windows with views of the summerhouse and the garden. Window blinds can be drawn to minimise glare. Meals will be delivered to the unit from the main kitchen in Our Lady's Hospital. The kitchenette adjacent to the dining room has a key code lock for safety but it can be used by residents under supervision. There is also an 'Aga' cooker in the dining room which is not functioning but

helps to create a homely atmosphere for residents. All the communal areas are suitably furnished and the quiet room has a bed settee, if relatives wish to stay overnight when a resident is ill.

Bedroom accommodation comprises nine single and one twin room. The bedrooms are all spacious, with a large en suite with a wheelchair accessible shower, a toilet with contrasting grab rails and a wash hand basin. The lighting in the en suite is automated and a second hand basin in each bedroom has automated taps. The hydraulic beds have integrated divided bedrails, that can be used to promote safety and mobility without restricting the resident's freedom to get into or out of bed. All the rooms has a functioning call bell, accessible lighting and a wall mounted television set. The panels at the head of the bed have fittings if oxygen and suction were required. There is adequate wardrobe and personal lockable storage space in each bedroom. All bedrooms have a view of the garden and a wall mounted clock.

The door to the twin room has a viewing panel, which can be closed for privacy. The curtain between the two beds was obstructed by a projecting screw in the curtain rail. The maintenance person was aware of this and planned to address the matter before the room was occupied.

There was an intimate seating area at the end of the second corridor with access to the garden.

Other facilities included a meeting room, a nurses' station, which overlooked the open plan day room. There was a cleaning room and a laundry room. A room for household storage, a store room for equipment and a treatment room with adequate storage for dressings equipment and medications. The sluice room had a bed pan washer and a racking system for storage. All these rooms were accessible using a key pad locks There was appropriate arrangements in place for the disposal of clinical waste and domestic waste. In total there were five communal assisted toilets and one bathroom with a hydraulic bath.

The inspector was satisfied that the new unit had been completed to a high standard and suited the needs of the residents who were due to live there.

A judgment of major non-compliance was made because the ongoing issues with the existing building would not be resolved until the Community Nursing Units came into operation in 2021. The provider had taken measures to improve the communal bedroom facilities for residents by removing some beds when vacancies arose. The inspector visited St Anne's/St Bernadette's unit where five beds had been removed. The unit was clean and well maintained with Halloween decorations in evidence throughout. The inspector noted that two beds had been removed from a bedroom on the ground floor which created more space for the residents who lived there. However the curtain rails had not been adjusted to create more space around the bed and the issues of privacy and dignity when using assistive equipment had not been resolved.

Upstairs a third bed had been removed from a bedroom to create a twin room. Beds were removed in two other rooms and the curtains had been reconfigured to create more space around the remaining beds. In one of the larger multi-occupancy rooms additional wardrobes had been sourced and placed in the space where a bed had been

removed. The rooms had been painted and some residents personalised their bed space with photographs and pictures.

**Judgment:**  
Non Compliant - Major

***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:**  
On the previous inspection some residents were not involved in developing care plans to meet their future health needs and reflected their wishes for end of life care. Significant work had been done in this area and the action plan to address this non compliance had been completed.

Since the last inspection in May 2016 the policy has been revised and new documentation and guidelines developed to support staff to have conversations with residents about their future care needs including their wishes and preferences for end of life care.

Training records showed that staff had attended a number of training events to support them to implement the policy.

Three randomly selected residents' files were examined and each held a care plan which reflected the resident's wishes and preferences for end of life care. The care plans related to the residents' physical, psychological and spiritual needs. The inspector noted that the initial discussion with the residents was held at an early stage when the residents could contribute to the conversation. A resident with cognitive impairment had identified the relative they wished to be consulted, when they no longer have capacity to make decisions. The care plans were reviewed regularly and there was evidence that the multidisciplinary team provided information to help residents to make informed choices. The majority of the residents wished to remain in St. Patricks for end of life care.

The community palliative care team was available but no resident was receiving palliative care at the time of inspection.

Single rooms were available for end of life care and overnight facilities for relatives if a resident was very ill or dying.

A project to implement advanced care planning based on the 'Think ahead' documents was being piloted at the time of inspection.

**Judgment:**  
Compliant

**Outcome 18: Suitable Staffing**

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

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The provider and person in charge had revised the staffing arrangements for the transfer of residents to St. Claire's Unit.  
Additional staff will be rostered for the day of the transfer was due to take place. Staff from St. Patrick's who are familiar to the residents will be at both sites to transfer and receive the residents. The staff from the current St Claire's Unit will move to the proposed new unit.

The staffing plan for the unit submitted to HIQA included an additional multi task attendant on night duty because the layout of the unit and the single bedroom accommodation requires additional staffing.

There are 19.5 hours rostered for cleaning staff which included weekend cover.

Staff shortages has been an on-going issue for the centre. The provider told the inspector that they had recruited six multitask attendants and have no vacant posts for multitask attendants. Four new nurses had been recruited but four nurses had also retired. There were 13.5 permanent nursing posts vacant at the time of inspection.

The risk associated with staff shortages had been addressed by limiting the occupancy. Although the centre was registered for 134 places the occupancy level was maintained at approximately 117. The provider said they restricted the number of residents to 90 and although registered for 18 respite places, only 6 residents were admitted for respite care at any one time.

The training coordinator based at St Patricks Hospital and staff benefitted from ongoing training. Staff training since the previous inspection included medication safety and management, end of life care, including use of the syringe driver. Documentation policy

and guidelines. Staff also had access to external courses and a number of staff had completed the 'Dementia Champions' programme.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

## Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### *Report Compiled by:*

Mary O'Donnell  
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 report<sup>1</sup>

|                     |                       |
|---------------------|-----------------------|
| Centre name:        | St Patrick's Hospital |
| Centre ID:          | OSV-0000589           |
| Date of inspection: | 22/10/2016            |
| Date of response:   | 28/10/2016            |

### 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 01: Statement of Purpose

#### Theme:

Governance, Leadership and Management

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

The information about bed numbers in various wards was not set out accurately in the Statement of Purpose. Bed numbers in each ward as stated in the table on page 10 did not correlate with the bed numbers listed for each ward in pages 10-13. A number of revised Statement of Purpose documents were submitted following the inspection but this discrepancy was evident in all the revised copies. In the copy submitted on 25 Oct the table on page 10 states that there are 25 beds in St. Anne's/St. Bernadette's ward

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

and the next table states there are 30 beds on the unit.

**1. 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:**

A statement of purpose and function has been completed to meet with HIQA requirements and accepted by HIQA – Completed 27th October 2016

**Proposed Timescale:** 27/10/2016

**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 existing premises did not meet the individual or collective needs or residents.

The inspector noted that beds had been removed from a bedroom in St Anne's/St Bernadette's Unit which created more space for the residents who lived there. However the curtain rails had not been reconfigured to create more space around the bed and the issues of privacy and dignity when using assistive equipment were still ongoing.

**2. 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) had 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. 9 single rooms and 1 double room to ensure compliance with HIQA Environmental Standards.
3. The construction of the new CNM2 on the grounds of St. Patrick's may require the demolition of the current St. Benedict's Ward. The HSE plan to build the new CNU in Clonmel first and this unit will be available initially to move residents, for the period of construction from St. Benedict's if required.

**Proposed Timescale:** St. Clare's Ward: 01-11-16

Building completion: 31-12-22

**Proposed Timescale:** 31/12/2022