<table>
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<th>Centre name:</th>
<th>St Columba's Hospital</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000552</td>
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<tr>
<td>Centre address:</td>
<td>Thomastown, Kilkenny.</td>
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<tr>
<td>Telephone number:</td>
<td>056 775 4830</td>
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<tr>
<td>Provider Nominee:</td>
<td>Patricia McEvoy</td>
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<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
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<tr>
<td>Support inspector(s)</td>
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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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 28 November 2017 09:25
To: 28 November 2017 16:00

From: 29 November 2017 08:45
To: 29 November 2017 14:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
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<tr>
<td>Outcome 01: Statement of Purpose</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

An application was received by the Health Information and Quality Authority (HIQA) to renew the registration of this designated centre. Prior to the inspection the provider was requested to submit relevant documentation to HIQA. The inspector reviewed this documentation, ascertained the views of residents and staff members, observed practices and reviewed records as required by legislation. Action plans from the previous inspection of May 2017 had been addressed with the exception of premises which remains non-compliant. The findings from both inspections will inform the renewal decision of the centre's registration.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated knowledge of the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation.
As identified in previous inspection reports, the accommodation in the larger multi-occupancy rooms in all of the units did not achieve the aims of the service as outlined in the statement of purpose. The inspector found that the environment impacted on the wellbeing of residents. There was very limited personal space for residents and individual personal possessions.

The Health Service Executive (HSE) has committed to replacing St Columba’s Hospital with a new build by 2021, in accordance with ‘New Build’ Standards and Regulations. Since the previous inspection some improvements had been completed such as new curtains, soft furnishings and there was increased use of signage. Refurbishments on St. Anns unit were in progress on the day of inspection which included painting, new flooring and installation of hand hygiene sinks per cubicle. All pipework to include radiators were also being covered for safety reasons. The multi-occupancy bedrooms were not fit for purpose and compromised the privacy and dignity of residents.

The inspector met and spoke to a number of residents during the inspection. Feedback was also received in the form of questionnaires distributed through the centre prior to the inspection. Feedback was very positive and staff were complimented on their caring attitude and helpfulness.

Residents had good access to nursing, medical and allied health care services. Residents’ assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. In particular there was a good system of governance and an emphasis on continual improvement.

The findings of this inspection are discussed in the body of the report and two actions required are included in the action plan at the end for response.
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 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:**  
A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the regulations. Copies of the document were available in the centre. The services provided have not changed since the previous inspection.

**Judgment:**  
Compliant

**Outcome 02: Governance and Management**  
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and
The governance structure had changed since the previous inspection with the addition of a new person participating in the management of the centre (PPIM). The inspector saw that management systems continued to be implemented effectively. These included regular management team meetings to review all aspects of service delivery. Auditing processes to review clinical care practice and ensure improved outcomes for residents were ongoing. Improvements in care practices were maintained in areas such as falls management, promoting a restraint free culture and pressure area care.

The person in charge described arrangements that were in place to ensure good governance in the centre. These included regular scheduled management meetings with the provider nominee, health and safety meetings, fire safety meetings and departmental meetings.

An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by the inspector. There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for ongoing training in 2017 which was comprehensive.

**Judgment:**
Compliant

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge had not changed since the last inspection. She is a registered nurse with the required experience in the area of nursing older people who works full-time in the centre. She is supported in her role by two assistant directors of nursing. There were appropriate deputising arrangements in place in her absence.

During the inspection the person in charge demonstrated a commitment to ensuring a good standard of care to residents and a positive attitude to regulation. All documentation requested by the inspector was readily available. She was clear on her responsibilities under the regulations and had good knowledge of residents’ needs.

**Judgment:**
**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:**
There has been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence. Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The assistant directors of nursing both of whom work full time deputise for the person in charge when she is on leave.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that procedures and policies were in place to protect residents from harm and abuse. Staff who spoke with the inspector were aware of the need to be alert to signs of abuse and to report any concerns. Any alleged allegations of abuse were reported promptly to HIQA, noted to be fully investigated and appropriate actions taken to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern and that the ethos of the centre was zero tolerance.
There was a policy on, and procedures in place, for managing behavioural and psychological symptoms of dementia (BPSD). While there were residents who had a history of responsive behaviours, their symptoms were very well managed by staff. During the inspection the inspector observed that staff approached residents in a sensitive and appropriate manner and residents responded positively to the techniques used by staff.

Behavioural support plans were in place for residents that required them and were reviewed on a three-monthly basis. No residents were receiving p.r.n (a medicine only taken as the need arises) medicines at the time of this inspection. There were procedures in place to ensure administration was monitored and appropriate. Residents had good access to psychiatry of older age services. There was evidence of regular multidisciplinary reviews for residents in conjunction with community psychiatry services. 11 staff had been trained as dementia champions. Staff had also received training in managing responsive behaviours and training was on-going to ensure all staff had the skills as required by the regulations.

The inspector found that the use of restraint was risk assessed and records were maintained of the type of restraints in place. Each resident requiring restraint had a restraint care plan and a restraint assessment form had also been completed. Checks were in place for the use of restraint and the inspector saw that these were recorded. The inspector saw that the use of bed rails remained the same as on the previous inspection. Equipment such as low beds, floor (crash) mats and sensor alarms were in use as observed by the inspector. There were adequate systems in place in relation to the management of residents’ finances in line with HSE national policy.

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):
No actions were required from the previous inspection.

Findings:
From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk. There was an up-to-date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff
and management in their roles and duties in the event of an emergency evacuation. The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded.

Certification and inspection documents were available on fire fighting equipment service, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training. Residents had recently relocated to the top floor of the building as refurbishments were being carried on their unit for approximately eight weeks. Prior to the relocation staff had a fire drill/evacuation on that floor and no issues were identified during the training exercise. Staff spoken with were clear on the procedure they would follow in the event of a fire.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects.

Good infection control practices were observed with staff utilising personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use by staff was evident.

**Judgment:**
Compliant

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**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 inspector reviewed a sample of administration and prescription records and noted that while improvements had occurred since the previous inspection, further improvement was required in relation to prescribing of crushed medicines.

A sample of medicine prescription sheets was reviewed on each unit and the inspector found that medicines were administered in line with the prescription and the recording sheet was signed by nurses. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible. However, in the sample reviewed crushed medicines were not individually prescribed by the prescriber.
Nursing staff that were on duty during inspection were well informed about the medicines in use and residents’ individual regimes. The inspectors found that there was an arrangement in place for the regular review of medicines by the GP. There were established multidisciplinary working arrangements in place and medicine regimes were altered where necessary following specialist assessment or review.

Medicines that required special control measures were appropriately checked, controlled and stored in a secure double locked cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. A secure fridge was provided for medicines on each unit that required specific temperature control. The temperatures, which were monitored daily, were within acceptable limits at the time of inspection.

The inspector saw that medicine management audits were completed as part of the quality metrics system. There were five nurse prescribers on site also one of whom also completed comprehensive medicine management audits. The inspector was informed that the audit results were discussed at the quality and safety meetings and also at the drugs and therapeutic committee meetings.

Judgment:
Substantially 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:
Residents had access to medical care, an out of hours services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services. Evidence of referral and review were available and viewed. The inspector found that residents’ healthcare needs were met through a good standard of nursing care and allied health professional monitoring.

Systems for monitoring the exchange and receipt of relevant information when residents
were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. There was evidence that residents received timely access to health care services. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care.

Residents had good access to allied healthcare professionals. Physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medicine reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as required.

There were systems in place to ensure residents' nutritional needs were met, and that residents did not experience poor hydration. Residents' weights were checked on a monthly basis or more frequently if the need arose. Care plans were in place that outlined the recommendations of dieticians and speech and language therapists. Nutritional intake records were in place, and completed where required. All staff were aware of residents who were on special diets including diabetic, high protein and fortified diets, or low calorie. The inspector saw that nutritional audits had been completed.

There was information available that confirmed that residents or their representatives were involved in the development and review of residents' care plans. The clinical nurse managers and nursing staff also made arrangements to discuss care and welfare issues with relatives to discuss care plans and these discussions were recorded. Nursing staff completed daily progress entries. The inspector saw that this recorded information was informative and gave a good overall picture of residents on a daily basis ensuring that their needs were met.

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

**Findings:**
St Columba’s Hospital is located on the outskirts of the town of Thomastown. It comprises of five units and is registered to accommodate 90 residents in total. The Health Service Executive (HSE) has committed to replacing St Columba’s Hospital with a new build by 2021, in accordance with ‘New Build’ Standards and Regulations. The new build brief is completed, agreed and some sites assessments have taken place.

On the previous inspection, the inspector was informed that funding was committed from the minor capital funding in order to redecorate and refurbish St Anne’s Ward for the benefit of the residents in line with HIQA standards. On this inspection the inspector saw that St Anne’s ward was in the process of being refurbished.

Overall, the inspector observed that continuing care wards did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. The design and layout of the multi-occupancy bedrooms on all the continuing care units were not suitable for their stated purpose.

**St. Patrick’s Ward and Wing**
The main ward consists of 14 female beds. There are three by three-bedded bay areas, two by two-bedded and a palliative care room. There are three single toilets of which two are wheelchair accessible. There are two showers and two baths. St. Patrick’s Wing consists of six beds which may accommodate either male or female residents. This wing consists of two single rooms and two twin rooms. There are two single toilets. There is a large communal area where activities/parties take place and a kitchenette also. There is a hairdressing room in this ward also.

**St. Anne’s ward**
This ward had four three-bedded areas and two four-bedded areas. There was a day-room and a quiet sitting area. This ward also had one bathroom with bath, one shower room, and one toilet with wash-hand basin and three toilets without wash-hand basins. In the toilet area there were wash-hand basins available adjacent to the toilets. The nurse on duty on the day of inspection said that the majority of residents were maximum dependent.

**St. Brigid’s Ward**
This ward consisted of six three-bedded areas. The nurse on duty on the day of inspection outlined that the majority of residents present on the day of inspection were assessed as being at maximum dependency. While there were toilet facilities available, the inspector found that the facilities were inadequate. Due to residents’ dependency levels nearly all were using a commode as required. This ward also had a sitting room and a kitchenette. There was also a sluice room.

**St. Mary’s Ward**
The dementia unit provides long-term accommodation for 15 residents on a continuing care basis on ground floor level. Residents’ bedroom accommodation consisted of two bedroom areas one male and one female. There were nine female beds and six male beds which consisted of five three-bedded areas. There are three toilets, one shower and
one bath available. The spacious communal sitting/dining room was decorated with domestic style features and furniture. There was a “snug” area also which had comfortable seating for residents.

St. Joseph’s ward
15 Beds (Rehabilitation) including one assessment bed. This ward consists of five three-bedded areas. There are two male toilets, two female toilets, one bath and two showers available to meet residents’ needs.

Each resident’s personal space was defined by a screen curtain used for the purpose of providing them with privacy. The inspector observed that many residents in these multi-occupancy bedrooms had personal ornaments and photographs displayed. The inspector observed that there was very limited personal space for individual personal possessions. While the wardrobes have been replaced to suit floor space it remains very limited in relation to storage of personal possessions.

While the centre was bright and clean, the continuing care wards were not designed to meet the needs of residents. There was signage to assist residents to navigate around the centre. The inspector observed that there were new curtains and soft furnishings in place in the wards since the previous inspection. However, the design and layout of the multi-occupancy bedrooms on the continuing care units remain unsuitable for their stated purpose.

**Judgment:**
Non Compliant - Major

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**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:**
Residents in the centre were consulted with and involved in the planning and organisation of the centre. Residents’ rights to make choices about how they spent their day was promoted and respected. Activities available were varied and coordinated by an activity coordinator from Monday to Saturday each week. At ward level there was protected time dedicated each day for a staff member to conduct an activity with residents.
The nurse managers told the inspector that they all had a role to engage in activities and meet the social and emotional needs of residents on a daily basis. There was a varied activities programme for both physical and mental stimulation. These included arts and crafts, bingo, puzzle games, DVDs, baking and music. There were also a mix of group and individual sessions including nail care and hand massage. The inspector found that the activities coordinator was very knowledgeable regarding resident’s needs, likes and dislikes and she was dedicated to improving quality of life for residents.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents’ right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents’ forum was in place and minutes of meetings were viewed by the inspector. Residents had access to an independent advocacy service if they wished.

Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings and visits by members from the local community was facilitated. Both residents and staff confirmed to the inspector that outings were a regular occurrence and the inspector saw many photographs from different outings displayed in each unit. There was a day service onsite and some residents attended this service. All residents had access to a secure outdoor space with seating available. Residents were observed to move around freely and were appropriately supported by staff while mobilising if required.

There was a notice board available in each ward providing information to residents and visitors. Staff informed the inspector that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. The inspector spoke with a group of residents all of whom spoke highly of the staff and services provided to them.

However, the inspector observed that residents could be woken from their sleep by noise from fellow residents or staff providing care. Residents’ privacy was also negatively impacted in multi-occupancy bedrooms as bed-screens did not ensure they could hold private conversations with visitors or any other health professionals. Insufficient space between residents’ beds and screen curtains in these rooms did not ensure their privacy could be maintained during personal care or transfer procedures. Screening curtains did not offer residents protection from noise or odours. Some residents in these multi-occupancy bedrooms remained in bed and could not easily use...
communal toilet and washing facilities.

**Judgment:**
Non Compliant - Moderate

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**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.

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**Theme:**
Workforce

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

**Findings:**
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Staff who spoke with the inspector said that there was sufficient staff on duty day and night. Residents who spoke with the inspector did not raise any concerns in relation to staffing levels.

Observations confirmed staff were deployed to meet resident's needs. Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety and adult protection. Staff told the inspector that there was good team spirit amongst the staff and everyone worked together. The inspector saw that copies of the standards, policies and procedures and best practice guidelines were available to all staff.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, restraint, wound management, and medicines management. There was a training plan available for 2017.

Staff spoken with told the inspector their learning and development needs were being met. The inspector found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents living in residential care. The inspector observed that residents were at ease in their surroundings and content with staff.
There was a recruitment policy in place and staff recruitment was in line with the regulations. The person in charge said that all staff were Garda vetted. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

The inspector reviewed a sample of staff files and found these to be in compliance with Schedule 2. The inspector saw that nurses' professional registration details were available and up-to-date. Many staff who spoke with the inspector had worked for many years in the centre and told the inspector that they were proud to work there and felt well supported by the management team.

**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
Provider’s response to inspection report¹

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</table>

Requirements

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

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

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In a sample of medicine prescriptions reviewed crushed medicines were not individually prescribed by the prescriber.

1. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
- Discussed with medical officer, pharmacist and nurse prescribers. Crush stamp ordered for use on each ward. Each prescribed medication to be identified as crushed and stamped accordingly as per regulation
- Discuss at the drugs & therapeutic committee meeting (quarter 1)
- At 2018 medication management/documentation study days this topic will be covered along with medication management policy adherence

**Proposed Timescale:** 18/12/2017

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The design and layout of the multi-occupancy bays on the continuing care units were not suitable for their stated purpose.

**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:**
- There is a brief finalised
- There has been preliminary site works
- New building proposed to be completed 2021 with single rooms to address non-compliance.

**Proposed Timescale:** 31/12/2021

<table>
<thead>
<tr>
<th>Outcome 16: Residents' Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents' privacy was also negatively impacted in multi-occupancy bedrooms as bed-screens did not ensure they could hold private conversations with visitors or any other health professionals. Insufficient space between residents’ beds and screen curtains in these rooms did not ensure their privacy could be maintained during personal care or
transfer procedures. Screening curtains did not offer residents protection from noise or odours.

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

Please state the actions you have taken or are planning to take:
• There is a brief finalised for new build
• There has been preliminary site works taken place
• New building proposed to be completed 2021 with single rooms to address non-compliance.

In addition to above while waiting new build:
• Use private sitting room on each ward when meeting with families or residents
• Explore options in relation to privacy and dignity that relatives or residents may have encountered at the relatives/residents forum meetings quarterly
• Discuss at the next quality & patient safety meeting to enhance privacy and dignity of residents under the confines of the environment
• Currently on St. Annes ward during renovation works funding has been sought to refurbish and increase the toilet space to allow ease of access and promoting privacy and dignity. Funding secured
  • Privacy and dignity and confidentiality policy in place.
  • Services are provided in line with the statement of purpose
  • All residents have access to the complaints officer and your service your say
  • SAGE advocate is freely available
  • All posters are visible, dementia friendly and displayed for residents and families in all areas.

Proposed Timescale: 18/12/2017