



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Patrick's Hospital
Name of provider:	Health Service Executive
Address of centre:	Cahir Road, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 and 05 December 2018
Centre ID:	OSV-0000589
Fieldwork ID:	MON-0025245

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The registered provider is the Health Service Executive (HSE) and the main hospital premises in this centre were first designated as a workhouse in the 1800's. From 1877 the centre was run by the Sisters of Mercy and in 1923 it became the County Home. There have been a number of changes since then for example, in 1979 an assessment unit was opened and the Day Hospital was opened in 1985. The designated centre comprises three distinct units- St. Claire's, St. Anthony's and St. Patrick's Hospital. St. Patrick's Hospital is located in the town of Cashel close to many amenities and provides residential, rehabilitation and respite care to older adults. Accommodation comprises two residential care wards and a rehabilitation ward. St. Clare's Unit is located on the grounds of Our Lady's Hospital also in Cashel. St. Anthony's Unit is located approximately 26 kilometers away in Clonmel town. The centre can accommodate a total of up to 102 residents, both males and females generally over the age of 65 years. The centre provides for a wide range of care needs and accepts level four (full dependency) to level one (low dependency) category, including residents suffering from dementia. Residents accommodation is as follows: 78 residential, three respite and 21 rehabilitation beds. Eleven of the residential beds are located in St. Clare's Unit. Residents admitted to the rehabilitation centre (St. Patrick's Hospital) are admitted following a review by a consultant geriatrician, who attends the centre on a weekly basis and is responsible for the residents care pathway and discharge plan. In special circumstances, the rehabilitation centre may accommodate residents under the age of 65 years. The centre accommodation consists of four continuing care wards and one rehabilitation unit. Three of these wards St. Anns/Bernadettes Ward, St. Benedict's Ward as well as St. Bridget's Rehabilitation Centre are located on the main campus of St. Patrick's Hospital. St. Anns/Bernadettes Ward: can accommodate up to 26 residents who are accommodated over two floors. There is a passenger lift available. Bedrooms consist of two single rooms, two twin rooms, two three bedded, two four bedded and one six bedded room. There are three toilets, two shower rooms, bathroom and one bedroom has an en-suite. There is a small day room/dining space in this ward. St. Benedict's Ward: can accommodate up to 23 residents. Bedrooms consist of one single room, one twin room, two four bedded and two six bedded rooms. There are three toilets, two shower rooms, and two bathrooms. There is a small day room/dining space in this ward. In addition, St. Bridget's Rehabilitation Centre can accommodate up to 21 residents. All of the bedrooms are four bedded, and each contains an ensuite toilet/shower room. There are also four communal shower rooms, a wet room and two communal toilets. There is a dining and separate communal area for residents. The majority of residents stay in this unit for a maximum of 30 days to avail of the rehabilitation services such as physiotherapy prior to discharge. Off the main campus is St. Clare's Ward (Our Lady's Hospital) that can accommodate up to 11 residents and bedroom accommodation comprises nine single and one twin bedroom. These bedrooms are spacious, each with a large ensuite and wheelchair accessible shower, a toilet with contrasting grab rails and a

wash-hand basin. Residents' communal accommodation comprises an open plan living area close to the entrance hall. There are two assisted toilets and a quiet room to meet with visitors in private. There is also a spacious dining room which has large windows with views of the summerhouse and the garden. St. Anthony's unit which is located in Clonmel and can accommodate up to 21 residents. It comprises of four single rooms, three five bedded rooms each with an ensuite toilet/shower and one twin bedroom. There is one communal toilet, one bathroom and one shower room. There is a spacious dining/day room in this unit. The centre employs approximately 137 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, and catering staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	96
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
04 December 2018	08:00hrs to 18:00hrs	Vincent Kearns	Lead
05 December 2018	07:00hrs to 16:00hrs	Vincent Kearns	Lead
04 December 2018	10:00hrs to 18:00hrs	Sheila Doyle	Support
05 December 2018	08:30hrs to 16:00hrs	Sheila Doyle	Support

## Views of people who use the service

Residents were complimentary about the care they received and felt safe in the centre. Residents spoke positively about staff and were also complementary of the quality of the food and food choices. Some residents spoke about their local connection to the centre and the sense of belonging within the local community. Residents informed inspectors that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. Residents confirmed that they would have no hesitation in speaking to staff if they had a concern. Residents said staff kept them informed and up to date about any changes to their health and social care needs. Residents told inspectors how kind staff were to them, taking care of their every need. Some residents said how much they enjoyed the activities and chatting with staff. One resident commented how much they enjoyed playing cards while others thought that visits from transition year students were good. Some residents maintained close links within the local community and visited local cafés, shops and restaurants. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available. Residents spoke about how they were able to exercise choice regarding all aspects of living in the centre. For example, residents explained how they had choice in how they spent their day. Some residents said they preferred not to take part in the group activities and said that their wishes were always respected and inspectors noted that some residents were also provided with individual one-to-one time.

## Capacity and capability

The center was operated by the HSE who was the registered provider. Overall, the centre was adequately managed with some evidence of suitable governance arrangements in place. For example, most of the actions from the previous inspection had been completed or were in the process of completion. However, there had been previously identified significant failings in relation to the design and layout of the premises. In addition, there were a considerable number of non compliance's identified on this inspection. The failings in relation to the premises were due to the design and layout of the old hospital style wards particularly in St Patricks' Hospital in Cashel, and in St Anthony's Unit Clonmel. There continued to be a significant impact of these failings on residents quality of life and in particular their privacy, and potentially their dignity. As identified on previous inspections, the design and layout of the premises continued to be unsuitable to meet the needs of residents. In response the provider representative gave assurances to inspectors that approval from the HSE had been

granted for new residential centres to be built.

The day to day management of this centre was lead by the person in charge who was the acting Director of Nursing (DON). The person in charge was an experienced manager having worked in the centre as an Assistant Director of Nursing (ADON) since 2004. The inspectors noted that many of the staff had also worked in the centre for some time and were well experienced and knew the residents, the management and operating systems in the centre well. The effect of these arrangements meant that overall there was evidence of suitable management structure with a clear reporting system in place for the day to day care provision of safe and adequate health and social services. Inspectors generally found adequate communication and monitoring arrangements between the person in charge, the provider representative and staff. The provider representative regularly visited the centre and met the person in charge at senior management meetings and they were also in regular contact by email and phone. The person in charge was supported in her role by an acting ADON based on site. There was also a Clinical Nurse Manager 2 (CNM2) and Clinical Nurse Manager 1(CNM1) on each unit, as well as experienced staff nurses and care staff. However, inspectors noted that improvements were required in relation to the governance of the overall centre. This centre consisted of five different wards/units across three different locations. Three of the five units were located on the main campus that mostly consisted of a large old hospital type premises. The remaining two other wards/units were both located off the main campus, one unit was in the Our Lady's Hospital campus site also in Cashel. The remaining unit was 26 kilometers away in Clonmel. Inspectors noted that the arrangements for providing managerial oversight required improvement particularly in the provision and level of managerial support provided to units not located on the main campus. In addition, improvements were required in relation to the contracts of care, the oversight arrangements in relation to complaints and staffing arrangements also required review.

There were adequate arrangements in relation to ensuring clinical governance and oversight in the centre. For example, the person in charge received handover briefings and attended morning handover meetings with the ADON each day. There were records of completed audits in areas such as falls, restraint practices, health and safety audit, and medication management. The person in charge was responsive to the inspection process and engaged proactively and positively with any issues identified during the inspection process. For example, inspectors noted that identified issues such as the absence of a running man sign for one fire exit or lack of regular fire drills were actioned and completed before the inspection concluded on the second day of inspection.

The inspectors observed that there were generally adequate resources in place to ensure the delivery of safe and adequate quality care to the residents. For example, there was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

While some improvements were required, there was a comprehensive complaints process was in place, should residents, relatives or visitors wish to raise any issues they might have, including an appeals process. There was the HSE national

complaints policy "Your Service Your Say" and a centre specific complaints policy. This contained a summary of the complaints procedure which was prominently displayed. However some improvements were required to meet the regulatory requirements.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. There were monthly residents meetings to ascertain residents views and provide ongoing feedback. An annual review of the quality and safety of care delivered to residents had taken place for 2017, which included a brief action plan for 2018.

#### Regulation 14: Persons in charge

The person in charge was a suitably qualified registered nurse who worked full-time and had been involved in the governance and management of the centre since 2004. The person in charge was suitably engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She had many years experience of nursing care of the older person and had completed a number of relevant post graduate courses including a management qualification. The person in charge demonstrated adequate knowledge of residents, their care needs and a commitment to ongoing improvement of the quality of the services provided.

Judgment: Compliant

#### Regulation 15: Staffing

In each ward/unit there was a registered nurse was on duty at all times and each ward/unit also had clinical nurse managers on duty. On the days of inspection there generally appeared to be adequate staffing provided in each of the units. The person in charge informed the inspectors that a number of staff had recently been recruited and were due to start in the centre shortly. However, staffing arrangements required review to ensure that the number and skill-mix of staff in the centre was sufficient to meet the assessed needs of the residents having regard to the size, design and complex layout of the service. Many of the staff spoken to stated that staffing was not adequate particularly when replacing staff on sick leave. For example, inspectors noted that one of a team of three staff providing activities in the centre was absent and had not been replaced. Inspectors were informed that there was a strong reliance on agency staff that may not be familiar with the centre or residents needs. In addition, inspectors noted that staffing had been identified as a concern in a number of the returned residents' satisfaction surveys completed recently.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff were appropriately inducted, trained, supervised and supported. There was an induction programme for newly recruited staff, and a range of training was completed by staff that was relevant to the care and support needs of residents. This included fire safety, dementia care, moving and handling practices, person-centred care and cardiopulmonary resuscitation (CPR). Refresher training was being provided in a timely manner to ensure staff knowledge remained up to date.

Judgment: Compliant

### Regulation 21: Records

Overall, records were generally seen to be maintained and stored adequately. Residents' records were made available to inspectors who noted that they complied with Schedule 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. From the sample of staff files viewed; these records were available in the centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was in keeping with the centres statement of purpose. Overall, these management and governance arrangements were effective. Regular management meetings were arranged between staff and management. However, some improvement was required to ensure suitable managerial oversight. For example, improvements were required in the arrangements for providing managerial oversight including improved records of management meetings and the level of management support provided to units not located on the main campus required review.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A sample of residents' contracts of care was viewed by inspectors who noted each contract had been signed by the resident and or their relative. The contracts reviewed were clear, user-friendly and outlined the services and responsibilities of the provider representative to each resident and the fees to be paid. However, the contracts required updating to also include details of the residents' bedrooms, including the number of occupants in each bedroom (if any), as required by regulation.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The ethos of care as described in the centre's statement of purpose was seen to be actively promoted by staff. The statement of purpose consisted of the aims, objectives and ethos of the centre and as to the facilities and services that were to be provided for residents. The statement of purpose was made available for residents, visitors and staff to read and had been most recently reviewed in January 2018. However, some improvement was required to the statement of purpose. For example, the statement of purpose constantly referred to St Patrick's Hospital Cashel. However, the centre also consisted of a total of five units in three different locations and the facilities and services to be provided in the other two locations were not adequately described in the statement of purpose.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

There was an adequate log of all accidents and incidents that took place in the centre. The Office of the Chief Inspector was notified within three days of any accidents and incidents, as required. Inspectors followed up on a number of notifications and information that had been received in relation to the centre and saw that suitable actions had been taken regarding each accident or adverse event. Quarterly notifications as required by regulation had been submitted to Office of the Chief Inspector.

Judgment: Compliant

## Regulation 32: Notification of absence

Judgment:

## Regulation 34: Complaints procedure

The procedure in relation to the management of complaints was on display around the centre. Inspectors noted that the action required from the previous inspection relating to complaints had been addressed. The person in charge told inspectors that all complaints were logged and there were no open complaints at the time of inspection. However, in the context of the size, design and layout of this large centre inspectors noted that the number of complaints received for 2018 was minimal. A centre specific complaints policy was in place to guide practice. However, this policy required some improvement as it did not meet the requirements of the regulations. For example, it did not state who the nominated person was to ensure that all complaints were appropriately responded to as required by regulation. In addition, inspectors noted that although the complaints policy stated that quarterly and six monthly reports were to be prepared and presented to the general manager, however, inspectors noted that this was not the practice in place.

Judgment: Substantially compliant

## Quality and safety

During this inspection, inspectors visited all five wards/units in this centre and noted as identified in previous inspection reports; that significant parts of the premises were not suitable to meet residents' needs. The old hospital style ward type accommodation was not adequate. The unsuitability of the premises was particularly evident in the larger ward style multi-occupancy bedrooms, also in the inadequate communal sitting/dining rooms and inadequate shower or toilet facilities noted in a number of these wards. The effect of these failings meant that the centre as currently designed was not able to adequately achieve the aims of the service as outlined in the statement of purpose. The inspectors found that the environment impacted on the quality of life of residents. For example, there was very limited personal space for residents to spend time or store their individual personal possessions. Residents' choice was reduced and their privacy and potentially their dignity was compromised by the inadequacies of these premises. These previously identified failings had not been adequately addressed. The registered provider the HSE, had provided commitments to the Office of the Chief Inspector in relation to a new build by 2021, in accordance with 'New Build' Standards and Regulations. However, at the time of this inspection, many parts of

the centre's premises continued to be not suitable to meet the needs of residents and did not conform to the matters set out in Schedule 6, of the regulations.

Prior to this inspection, the Office of the Chief Inspector had received unsolicited information outlining concerns regarding the care of some residents, medication management, residents' rights, and the condition of the premises. On this inspection, the inspectors found that the provider representative had in the main met their legislative responsibilities. The concerns relating to the premises were upheld. However, during this inspection, inspectors did not find sufficient evidence to substantiate the remaining issues identified in the information received.

On the days of inspection, 96 residents in the centre had been assessed as having the following levels of dependency needs:

- St. Clare's Ward: Eleven residents had been assessed as having maximum dependency care needs with nine residents having a dementia.  
St. Bridget's Rehabilitation Centre: Fifteen residents had been assessed as having maximum dependency care needs, two residents had medium care needs and one resident had been assessed as having low dependency care needs. One resident was recorded as having a dementia.  
St. Anns/ Bernadettes Ward: Twenty six residents had been assessed as having maximum dependency care needs with twelve residents having a dementia.
- St. Benedict's Ward: Twenty one residents had been assessed as having maximum dependency care needs with nine residents having a dementia.
- St. Anthony's Unit: Nineteen residents had been assessed as having maximum dependency care needs and one resident with medium care needs in addition, fourteen residents had a dementia.

Overall, inspectors were satisfied that residents' health and social care needs were met to a good standard. There were generally effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom inspectors spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. Inspectors observed that residents had good access to general practitioner (GP) services. There was a nurse key worker system in place which ensured that nursing staff were clinically accountable for meeting each resident's care needs. Inspectors acknowledged ongoing improvements in care planning since the last inspection including regular audits and training for staff. However, further improvement was required to ensure that sufficient detail was consistently included to provide guidance for staff.

The inspectors saw that residents were served a variety of hot and cold meals throughout the inspection. Information relating to specialised diets for residents was communicated promptly to the catering team. This ensured that residents were provided with wholesome and nutritious food that was suitable for their needs and preferences. Staff were knowledgeable of each resident's preferences, and outlined the various ways that they gathered feedback from residents regarding the food served. However, some improvements were required to ensure that all residents'

needs in relation to nutrition were met, including residents that required their diets modified.

Within the significant limitations of the design and layout of the premises, management and staff within the centre respected residents' rights, choices and wishes, and supported them to maintain their independence, where possible. Staff were seen to also be supportive, positive and respectful in their interactions with residents. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Residents were observed interacting with staff in a relaxed and benevolent way. Residents were informed of any developments or changes within the centre, and were consulted with in terms of operating the centre. The inspectors noted that visitors were also complimentary about the care and support provided by staff to their loved ones.

Overall, there was a comprehensive programme of activities carried out by staff who were seen leading activities mainly in communal sitting room areas. Inspectors noted that music, cards and gentle exercises were popular with a number of residents. One-to-one sessions also took place to ensure that residents of varying abilities could engage in suitable activities. However, some improvement was required to the provision of activities particularly in units outside of the main hospital so to ensure that residents had sufficient opportunities to participate in activities in accordance with their interests and capacities.

Inspectors noted a number of examples of good practice in relation to medication management however, some improvement was required to ensure all residents were protected when administering medication that was to be given as needed or when required.

## Regulation 12: Personal possessions

There was a lack of space particularly in the multi-occupancy bedrooms for residents to adequately store their clothes or personal memorabilia. Each resident had their own small narrow single wardrobe with a small bedside locker in their bedroom for the storing of personal items or valuables. Staff told inspectors that sometimes they brought some of the residents' clothing to a different location for storage. However, as already identified in this report, inspectors saw that storage was insufficient to store resident's belongings. This failing had been identified on previous inspections however, this issue had not been addressed. In addition, inspectors noted that there continued to be no lockable storage facility available for residents to store valuables, as required by regulation.

Residents could have their laundry attended to within the centre. Inspectors visited the laundry and saw that it was organised and generally there were appropriate procedures were in place for the safe return of clothes. All linen was sent out to a different laundry but personal clothing was attended to in the centre.

Judgment: Not compliant

## Regulation 17: Premises

This large centre consisted of the following premises:

- St. Clare's Ward: This ward had 11 beds and was located on the grounds of Our Lady's Hospital in Cashel. Bedroom accommodation comprised of nine single and one twin room. The bedrooms were all spacious, with a large en-suite and wheelchair accessible shower, a toilet with contrasting grab rails and a wash-hand basin. Residents' accommodation comprised of an open plan living area close to the entrance hall. There were two assisted toilets and a quiet room to meet with visitors in private. There was a spacious dining room which had large windows with views of the summerhouse and the garden. A number of residents living in the centre had a dementia and it was noted that this unit met the needs of residents as outlined in the statement of purpose and function.
- St. Bridget's Rehabilitation Centre: This ward was located on the campus of St. Patrick's Hospital. Twenty one residents could be accommodated in this unit. All of the bedrooms were four bedded, bright and spacious. There were four shower rooms, a wet room and two toilets. There was a dining and separate communal area for residents use. The overwhelming majority of residents in this unit were admitted for rehabilitation services with a maximum stay of 30 days. Therefore the impact of the multi-occupancy bedrooms on residents privacy and potentially their dignity, was somewhat reduced.
- St. Anns/ Bernadettes Ward: This ward was located on the main campus of St. Patrick's Hospital. 26 residents mainly with continuing care needs that could be accommodated over two floors. There was a passenger lift available. There were two single bedrooms and the rest of the bedroom accommodation was multi-occupancy. There were three toilets, two shower rooms, a bathroom and one bedroom was en-suite. There was no separate dining space on one floor in this ward. These premises were not adequate to meet the needs of residents.
- St. Benedict's Ward: This ward could accommodate up to 23 residents mainly with continuing care needs and was located on the main campus of St. Patrick's Hospital. All bedroom accommodation was multi-occupancy with the exception of one bedroom. There were two shower rooms, a bathroom and a toilet. There was no separate dining space on this ward. These premises were not adequate to meet the needs of residents.
- St. Anthony's Unit: This unit was located in Clonmel town. Twenty one residents mainly with continuing care needs could be accommodated in this unit. It comprises of four single bedrooms, three five bedded rooms and a twin bedded room. There was one toilet, one bathroom and one shower room. There was a large bright, spacious dining/day room. These

premises were not adequate to meet the needs of residents.

Each ward in the center was generally clean and most appeared to be in a reasonably good state of repair in the context of the age, layout and design limitations. However, as already stated in this, and previous reports and had also been identified in unsolicited information received by the Office of the Chief Inspector; many parts of the premises were not suitable to meet the needs of residents. This significant failing continued for example, in relation to the design and layout of many of the bedrooms, communal rooms and lack of suitable space generally within the old style hospital wards in St Patrick's Hospital in Cashel and St Anthony's Unit in Clonmel. The majority of these premises were not suitable for their stated purpose. For example, storage for equipment was limited in St. Anns/Bernadette's, St. Benedict's ward and St. Anthony's unit. The inspectors saw equipment stored in corridors, bathrooms and in sitting rooms in these wards. Communal space was provided for residents on each ward. However, the inspectors saw that this space was inadequate as it was combined dining/communal on the ground floor on St. Anns/Bernadettes and in St. Benedict's. The inspectors saw that in these wards, staff sought to deliver discreet personal care while other dependent residents were present in the room on the days of inspection. The inspectors observed that many residents in these multi-occupancy bedrooms had personal ornaments and photographs displayed. The inspectors observed that there was very limited personal space for individual personal possessions. For example, photographs were on the wall behind a residents' beds therefore residents could not see them. The wardrobes were small and had very limited capacity to store clothes for residents. Inspectors noted that within each of these multi-occupancy bedrooms, each resident's personal space was defined by a screen curtain used for the intended purpose of providing them with privacy. However, these screens offered little privacy and the effect of the design of the multi-occupancy wards was that these bedrooms were inadequate to meet residents needs. For example, they did not protect residents' privacy and potentially compromised residents' dignity. Residents were seen to have different levels of care and support needs living in the same bedrooms. There was limited access to shared televisions or space for residents to sit by their bedside. The space between many of the beds was also limited which posed a restriction on movement for staff delivering care at the bedside. Given the complexity of many of the residents high care needs; this lack of space had a significant impact on both residents receiving care and the staff providing care. In addition, inspectors noted that a number of the communal sitting and or dining rooms were not adequate size, design or layout to meet the needs of residents.

Some toilet and shower facilities were generally provided in reasonable proximity to bedroom and sitting/dinning room areas. However, many of the toilet and shower facilities were not wheelchair accessible and given the level of dependency, most wards did not have an adequate quantity of suitable showers or toilets available to meet the needs of residents.

In addition, the following premises issues were also identified:

- Not all rooms used by residents had a call bell facility including the two

smoking huts.

- Some parts of the premises were not in a good state of repair. For example, the plaster on a number of internal walls of some parts of the premises was cracked, bubbling up, bulging or broken. Some floor surfaces were in need of repair, or replacement, some doors and corridor walls were worn and required repainting.
- The smoking huts required review as they were seen to not be suitably designed or laid out to meet the needs of residents. For example, residents using this facility were observed to be not adequately protected from elements of adverse weather.
- In St Anthony's unit there was a large physiotherapy practice rail that located in the day room. However, the location of this rail required review as inspectors were informed that it was not used for its original purpose and had reduced the amount of space available within this day room.
- There was no suitable wash hand basin in the laundry.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Improvements were required to ensure that all residents' needs in relation to nutrition were met. Residents were weighed monthly and any weight loss or gain was responded to appropriately. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. Inspectors reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted. However, in one care plan reviewed, although a resident had a known swallowing difficulty, no care plan was in place to guide practice. In addition, inspectors saw that the recommendations were not consistently implemented regarding the correct positioning of a resident during mealtimes. Inspectors also noted that although a choice was specified on the menu, a choice for residents who required their meal in a modified format was not provided on either day of inspection. In addition, limited choices of modified meals were provided at tea time. For example, there appeared to be a reliance on bananas and yogurt rather than the same options as the main choices.

Judgment: Not compliant

### Regulation 26: Risk management

Overall, there were adequate arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy and risk register which detailed and set out control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls,

and residents going missing from the premises. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards. However, some improvement was required in the hazard identification and assessment of risks in the centre. A review of the centres' risk assessments was required. For example, in relation to potential hazards such as the steps in the administration building, the stairs banisters and stair gates in two wards, the storage arrangements for latex gloves, the unrestricted access to and from the St. Bridget's Rehabilitation Unit, and the arrangements for staff access to some residents' bedroom doors when locked required review. In addition, the unrestricted access to the treatment room in the St. Bridget's Rehabilitation unit and the suitability of the ashtrays in the smoking huts also required review.

Judgment: Substantially compliant

### Regulation 27: Infection control

Most staff spoken to were adequately knowledgeable in infection prevention and control or demonstrated suitable hand hygiene practices. However, there were a number of infection control issues including:

- the design the water taps in the sluice rooms required review to ensure that they were suitable to promote the prevention of cross contamination
- there were a number of surfaces that were damaged and potentially impeded effective cleaning for example, there was damaged floor coverings, cracked tiles, bubbling and broken wall plaster in a number of areas such as communal shower/toilet rooms
- the storage of cleaning mop heads in the cleaning water buckets was not in keeping with best practices or the prevention of cross contamination
- the practices as described to the inspectors in relation to the management of soiled laundry was not in keeping with best practices or the prevention of cross contamination one of the smoking shelters was seen to be very unkempt for example, the floor of the shelter contained an abundance of discarded stained tissues and papers, many discarded cigarette butts and there were plenty scorch marks on the shelter floor
- the storage of residents commodes required review as inspectors noted that a number were unsuitably stored in residents shower rooms
- a review of the furniture in the centre was required to ensure that the coverings/surfaces of for example, residents chairs and assisted chairs were not damaged or torn so that they potentially impeded effective cleaning.

Judgment: Not compliant

### Regulation 28: Fire precautions

Overall, there were suitable measures to protect the residents, staff and the premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. Inspectors noted that one fire exit did not have any illuminated running man sign and not all staff had attended suitable fire evacuation practiced drills. However, the person in charge ensured that a suitable sign was in place and fire evacuation drills with a number of staff had commenced before the end of the second day of the inspection. However, further improvements were required in relation to fire safety in the centre including a number of designated fire doors into residents' bedrooms, were unsuitably wedged open, and the management of residents who smoked cigarettes required review to ensure adherence to regulations.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed a sample of administration and prescription records and noted that some improvement was required to ensure that residents were protected by safe medication management policies and practices. For example, records of medication to be given as and when required (PRN), did not consistently state the maximum dose that could safely be administered in a 24 hour period as required by national guidelines. Otherwise, inspectors found evidence of safe practices and the action required from the previous inspection relating to photographic identification and auditing were completed. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. Inspectors checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses. Medication fridges were provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Each resident had a care plan, based on a comprehensive assessment of their needs. Inspectors acknowledged ongoing improvements since the last inspection including regular audits and training for staff. However, some care plans did not provide sufficient detail to guide practices. Inspectors reviewed a sample of care plans and noted that although the assessments were completed, specific instructions were not consistently provided. For example, regarding diabetic care, care plans stated take blood sugars regularly, but without details of how often this should be

done. Similar gaps were noted under wound care. Inspectors noted that care practices were in line with evidence-based care and these gaps related to documentation. These were discussed with staff during the inspection and were being addressed prior to the end of inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

Inspectors were satisfied that the health and wellbeing of each resident was promoted and appropriate medical and health care was provided. Overall, documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy and occupational therapy services were available within the centre. Chiropody, dental and optical services were also provided either locally or in the centre. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Overall, residents were well supported and positive behavioural plans were in place. Inspectors found that evidenced-based tools were utilised to monitor behaviours where required. Where residents had known responsive behaviours, there was a care plan in place. However, additional work was required to ensure that where possible, triggers were identified and appropriate interventions were consistently recorded in the care plans. Never the less, staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Staff had received training to manage responsive behaviours. Action required from the previous inspection had been addressed. There were clear arrangements in place to ensure that restraint was used in accordance with national policy guidelines and managed in a manner that was least restrictive.

Judgment: Substantially compliant

### Regulation 8: Protection

Inspectors found that aside from the limitations of the inadequate premises; there were systems in place to protect residents being harmed or suffering abuse. For example, there was a policy to guide staff and they received appropriate training and refresher training. Residents were supported to maintain their independence, although some residents told inspectors that aspects of the environment prevented this. Inspectors spoke to a number of residents who said that they felt safe and secure in the centre. There was regular staff training in the protection of vulnerable adults. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place. The person in charge was aware of the requirement to notify any allegation of abuse to the Office of the Chief Inspector. The person in charge also told inspectors that, if needed, support and advice was also available from the local safeguarding team. The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances. External audits were carried out to ensure compliance with the policies in place. The centre maintained comfort monies for a small number of residents and inspectors saw evidence that adequate financial records were maintained. All lodgements and withdrawals were documented and signed off by two signatories.

Judgment: Compliant

### Regulation 9: Residents' rights

As already identified in this report, the unsuitable design and layout of the multi-occupancy bedrooms impacted on the privacy and potentially the dignity of residents. The inspectors observed that in each of these multi-occupancy bedrooms, residents had various levels of health and social care needs and levels of mobility. Some residents required bed rest and others had divergent levels of cognitive impairments. Other residents required support with personal care including for example, the use of a commode. It was evident that having a number of residents with such diverse health and social care needs sharing the same bedroom areas; inevitably impacted on residents' privacy and potentially on their dignity. In addition, these bedrooms did not allow residents to exercise choice in so far as such exercise did not interfere with the rights of other residents. For example, with only one television or radio in a bedroom for four, five or six residents; individual residents could not exercise an adequate level of choice. Even with the use of bed screens; it was difficult to see how some residents with reduced capacity, mobility or high health and social care needs could undertake personal activities in private. In addition, the admission process for residents into the St. Bridget's Rehabilitation unit required review. This was necessary to ensure that the suitability and compatibility of all residents being admitted into the multi-occupancy bedrooms was adequately assessed prior to such admissions occurring.

Residents' political and religious rights were respected. Residents confirmed that

they had been offered the opportunity to vote at election time. In-house polling was available. Mass was celebrated four times weekly and was televised to all units. Residents told inspectors how much they appreciated this. Other ministers visited as required. Each resident had a section in their care plan that set out their religious or spiritual preferences. However, further improvement was required in relation to promoting a person-centred culture. For example, the use of some terms of endearment by some staff required review to ensure that such language was suitable. There was a residents' committee in operation. Detailed minutes were maintained. Inspectors saw that action from the previous inspection relating to suggestions made by residents had been completed. Action was taken in response to these suggestions and progress was fed back to residents at the next meeting.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St Patrick's Hospital OSV-0000589

Inspection ID: MON-0025245

Date of inspection: 04/12/2019 and 05/12/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The HSE have a history of engagement with both SIPTU and the INMO to ensure a safe staffing compliment in St. Patrick's Hospital Cashel. Union negotiations from April to August 2018 resulted in increased nursing staff on St. Benedict's Ward and the appointment of a Ward Clerk which provided a clerical support to all wards within St. Patrick's Hospital complex.            Agency staff are utilised to meet shortfalls in the roster.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The management meeting's agenda has been reviewed with staffing issues being included as ongoing agenda item.             Management support to St. Anthony's Unit in Clonmel has been reviewed with Nurse management presence increased to a minimum of two days per week.</p>	
Regulation 24: Contract for the	Substantially Compliant

provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Contract of Care will be updated to include detail of the residents' bedrooms, including the number of occupants in each bedroom.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose will be updated to ensure that it clearly identifies the five units across three different locations and the facilities and services provided on all three sites.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Clinical Nurse Managers have been advised and reminded of the requirement to record all complaints on the complaints log.</p> <p>The Complaints log will be updated to ensure that it clearly advises who the nominated person is.</p> <p>Quarterly and six monthly reports will be prepared and sent to the General Manager going forward.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Lockable storage will be provided to Residents by a locked safe in each ward.</p> <p>Additional wardrobe space for Residents will be addressed with the new build in 2022</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations, in particular the requirements of S.I 293 of 2016</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  Arrangements have been made with the Catering department based in Our Lady's main building to have choice available to those on modified diets for main and evening meals.</p> <p>Swallow care plans will be put in place and implemented for all residents who require same.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  The Risk Register is being revised to ensure that risks to residents due to smoking, falls and residents going missing are included on the Register.</p> <p>Risk Assessments are to be undertaken of:</p> <ul style="list-style-type: none"> <li>• Banisters and stair gates in two wards.</li> <li>• The storage arrangements for latex gloves</li> </ul> <p>The following Actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• Steps to the administration building-these will be highlighted in yellow going forward</li> <li>• Access to the treatment room will be confined to clinical staff only.</li> <li>• A master key for bedrooms in St. Claire's Ward will be retained with the drug key and thus allow access by ward staff should there be a requirement either for clinical or safety reasons to enter a resident's bedroom.</li> </ul>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The following modifications will be put in place to ensure greater compliance with infection control standards:</p> <ul style="list-style-type: none"> <li>• The mop heads will no longer be stored in the cleaning water buckets</li> <li>• A new washing machine will be purchased to ensure that soiled laundry is adequately dealt with.</li> <li>• The covering on a number of chairs will be upgraded.</li> <li>• The storage of commodes in sluice areas will be kept to a minimum</li> <li>• A risk assessment will be completed on areas which require maintenance upgrade.</li> </ul> <p>Following completion of the risk assessment a business case will be prepared to secure funding, and then an implementation plan will be developed with priority works being completed initially.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• A "Running Man" sign will be put in place at the Fire Exit identified which does not have one in place.</li> <li>• Fire Evacuation Drills will be ongoing.</li> <li>• The opening and closing mechanisms for the fire doors in St. Claire's Ward will be upgraded to ensure compliance with Fire regulations.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Medication policy has been reviewed and education has been provided to ensure compliance.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Care Plans have been reviewed and specific instructions in relation to actions will be clearly stated.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  Care Plans have been reviewed and clinical staff advised of the requirement to record possible triggers to behaviours that challenges and appropriate interventions required should behaviour become challenging.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  There will be two new Community Nursing Units in place by the first quarter of 2022. One 50 bedded unit will be located on a green field site in Clonmel. This unit will be built via a public private arrangement.  The 60 bedded unit for the Cashel site will be built through HSE Major Capital investment. The Design Team for this unit has been appointed.</p> <p>Small pocket radios with earphones will be purchased for Residents who would use them</p> <p>When admitted a new resident to a multi occupancy room it is the practice within St. Patrick's Hospital to consider the impact and suitability of the new resident in cohabiting with those who are already resident within the multi occupancy room. This practice will continue going forward.</p> <p>A Team building/staff reflection exercise is ongoing in St. Patrick's Hospital complex</p>	

which aims to help reduce institutional practice including the inappropriate use of the term "patient" and other means of address which may appear not to fully respect the rights etc. of the residents.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	28/02/2019
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated	Substantially Compliant	Yellow	10/12/2018

	centre concerned.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	21/12/2018
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	21/12/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/12/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated	Substantially Compliant	Yellow	31/01/2019

	centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/01/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/03/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Not Compliant	Orange	31/01/2019

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	05/12/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/01/2019
Regulation 34(3)(a)	The registered provider shall nominate a person, other than	Substantially Compliant	Yellow	31/01/2019

	the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	31/01/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	10/12/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/01/2019
Regulation 9(3)(a)	A registered	Not Compliant	Orange	10/12/2018

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	10/12/2018
Regulation 9(4)	The person in charge shall make staff aware of the matters referred to in paragraph (1) as respects each resident in a designated centre.	Substantially Compliant	Yellow	10/12/2018