



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Theresa's Hospital
Name of provider:	Health Service Executive
Address of centre:	Clogheen, Tipperary
Type of inspection:	Announced
Date of inspection:	25 and 26 July 2018
Centre ID:	OSV-0000741
Fieldwork ID:	MON-0022375

About the designated centre

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

This centre is a single storey premises that was originally opened as a District Hospital in 1926. Extensions and alterations were made a number of times since then, in the 1970s, in 1993 and 1998 incorporating end of life facilities, a day room, oratory, office and additional shower rooms. The center is run by the Health Service Executive (HSE) and is located in the outskirts of Clogheen village close to a day centre and a General Practitioner's (GP's) practice. St Theresa's is a small community Hospital that is a short stay unit. It provides nursing and medical care and is registered to accommodate 18 residents. Admission to the hospital is via the discharge planner at South Tipperary General Hospital (STGH), the residents GP or the Public health Nurse (PHN) referral. The centre does not provide long term residential care and the targeted length of stay is between two to 12 weeks, ensuring residents are appropriately placed on discharge. The centre provides short stay care for residents requiring respite, rehabilitation, convalescence and palliative care. Accommodation consists of three single bedrooms, one triple bedroom and two wards which each contain six beds. Each bedroom has a wash-hand basin and one of the single bedrooms contains an en-suite. The centre aims to promote a shared decision making for residents, families and carers in a homely setting where each persons uniqueness and the right to choice is valued. The centre provides care and support for both female and male adult residents aged 18 years. All residents are admitted to St Theresa's by the GP. Residents may be admitted following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual. Exclusion criteria according to the centres' statement of purpose and admission policy include residents requiring tracheotomy care. Detailed pre assessments are completed for all other admissions in consultation with the referring bodies to ensure the suitability of the service to meet potential residents' identified needs. With regard to residents who have dementia, are mobile and potentially at risk of unexpectedly leaving the centre; a detailed discussion with the family is required to determine the suitability of the environment to meet their individual care needs. In addition, a validated assessment tool (Dews wandering tool) is used to assess on an individual basis, the suitability of potential residents prior to accepting for admission to the centre. The discharge plan is initiated with the resident and family either prior to admission or on admission, and is discussed and documented on an on-going basis. A clear care pathway is agreed with family or referring body in the event of a deterioration or change in care needs. If a resident requires long term nursing care, the Common Summary Assessment Report (CSAR's) form is completed and submitted following consultation with the resident and their representative. Following discharge by the Medical Officer, the resident is placed appropriately and the necessary services are informed. Any resident that requires a single room are identified prior to admission through liaising with the hospital discharge planner or the PHN responsible for referral. Emergency admissions are triage by the GP and the Nurse in Charge who subsequently decide if they require admission to STGH for investigations prior to admission to St Theresa's. On

admission, the residents' care plan is developed and agreed in consultation with the resident and or their representative. The centre currently employs approximately 26 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Current registration end date:	10/01/2019
Number of residents on the date of inspection:	14

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
25 July 2018	08:00hrs to 18:00hrs	Vincent Kearns	Lead
26 July 2018	07:00hrs to 16:00hrs	Vincent Kearns	Lead

Views of people who use the service

Two residents' that could not express their opinion about the centre were represented by a family member. Residents were complimentary about the care they received and felt happy and safe in the centre. Residents gave very positive feedback about staff and were aware of who the person in charge was and how to make a complaint. Residents spoke highly of the quality of the food and food choices. Personal laundry was not done on site however, one resident would like more space to store their personal possessions and another resident would like fewer beds in the multi-occupancy bedrooms. Residents spoke about their local connection to the centre and the sense of belonging within the local community. Residents expressed the importance of the service in the context of convalescing and respite as being hugely important in maintaining their independence and relieving carers at home. Residents informed the inspector 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. All of the returned residents questionnaires issued as part of the centre's ongoing quality improvement programme, clearly identified staff as being very supportive and caring to residents. In these questionnaires residents also expressed satisfaction with the overall service provided, for example, the meals and activities available in the centre. All residents spoken to informed the inspector that they were living in the centre for short periods and confirmed their overall satisfaction with the centre. Residents outlined how they always had a choice of the type, quantity and times when food, snacks and drinks were made available. Residents spoke positively about how they were able to exercise choice regarding all aspects of living in the centre.

Capacity and capability

The centre was well managed with evidence of good governance and oversight arrangements in place. The center was operated by the Health Service Executive (HSE) who was the registered provider. Overall, the inspector found improved levels of compliance with some improvements evident on this inspection. For example, most of the actions from the previous inspection had been completed or were in the process of completion. However, as identified on previous inspections the design and layout of the premises continued to be unsuitable to meet the needs of residents. The unsuitable premises continued to impact on residents privacy and potentially compromised some residents dignity. However, the inspector noted that construction of a new extension had recently commenced in relation to improving

the premises. Premises improvements in this first phase of building works included a reduction of one of the centres two six bedded bedrooms to a three bedded room. There would also be a new twin bedroom with an ensuite, a new single ensuite bedroom and a new sluice room. In addition, these building works would also include upgrade internal works such as the development of a new corridor in St. Josephs Ward for accessing the new area and upgrade of St. Josephs ward to accommodate three beds. Adjoining this, there were plans for a shower, toilet area and store that will also be constructed as part of this first phase of premises development. During the feedback meeting at the end of this inspection, the provider representative outlined that the proposed date for the remaining six bedded room (Our Lady's Ward) was scheduled for quarter two 2020. However, the provider representative also stated that this phase of the building works was subject to funding which had to date, not received approval. Following completion of this inspection, the provider representative was requested to provide written assurances to HIQA in relation to the absence of time bound, funded plans for the unsuitable premises and its continued impact on residents privacy and dignity.

The day to day management of the centre was lead by the person in charge who was the acting Director of Nursing (DON). She was an experienced manager having worked in the centre as a Clinical Nurse Manager 2 (CNM2) since 2012. The provider representative outlined how she was in close and regular contact with the person in charge. The provider representative regularly visited the centre and met the person in charge at senior management meetings and they were also in constant contact by email and phone. The person in charge was supported in her role by a Clinical Nurse Manger (CNM), experienced staff nurses and care staff. The inspector noted that many of the staff had worked in the centre for some time and many were well experienced and knew the residents, the management and operating systems in the centre well. The effect of these arrangements was that the provider representative and person in charge were fully informed of any issues as they arose. They had good oversight of the centre and were therefore well positioned to provide suitable and timely managerial support, when required.

Improvements were noted in relation enhanced clinical governance and oversight in the centre. For example, the person in charge outlined how there had been improvements in the clinical auditing, incident reporting and care planning documentation. There were records of completed audits in areas such as falls, hygiene and infection control, quality of life, nutrition and medication management. The person in charge was very responsive to the inspection process and engaged proactively and positively throughout this inspection. Residents with whom the inspector spoke agreed that she was well known to them and both residents and staff confirmed that she was an effective manager and readily available to provide support.

In relation to staffing, the inspector observed that there were sufficient resources in place to ensure the delivery of safe and good quality care to the residents with the current skill mix and staffing levels. There was also for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The provider representative confirmed that the centre had adequate insurance and that there were sufficient resources to

ensure on-going safe and suitable care provision. Overall, the inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. There was a clear reporting system in place to ensure safe and adequate health and social services, effective communication and monitoring between the person in charge, the provider representative and all staff.

While some improvements were required, there was a comprehensive complaints process 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 that had been most recently reviewed in October 2017 and, a summary of which was prominently displayed and met the regulatory requirements.

Consultation with residents and or relatives in relation to the existing systems of monitoring quality of care was available. Due to the short length of time that many residents stayed in the centre; there were weekly 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 an action plan for 2018. Resident satisfaction surveys and food surveys had been completed, the results of which indicated good satisfaction levels with the service provided.

Regulation 14: Persons in charge

The person in charge was suitably engaged in the governance, operational management and administration of the centre on a regular and consistent basis. 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 2012. 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 comprehensive knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. Residents and relatives were observed to be relaxed and comfortable in her presence. The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre on the days of the inspection was sufficient to meet the assessed needs of the residents having regard to the size,

design and layout of the service. A nurse was on duty in the centre at all times.

Judgment: 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 annual appraisals of staff were carried out. 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 available in a timely manner to ensure staff knowledge remained up to date.

Judgment: Compliant

Regulation 21: Records

Overall records were seen to be maintained and stored in line with best practice and legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 2, 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. These records were available in the centre for each member of staff, as required under Schedule 2 of the regulations. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

Regulation 23: Governance and management

The management systems were in keeping with the centres statement of purpose. These management and governance arrangements were effective, as evidenced by the improved level of compliance identified on this inspection and the ongoing improvements within the centre. There was evidence of good levels of consultation with residents and their relatives. There were adequate resources provided for the continuous professional development of staff. However, there was some evidence that the centre may not have adequate resources for the completion

of planned premises building works.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and or their relatives and the contracts were clear, user-friendly and outlined all of the services and responsibilities of the provider representative to the resident and the fees to be paid. The contracts also identified details in relation to the residents bedroom accommodation.

Judgment: Compliant

Regulation 3: Statement of purpose

The ethos of care as described in the centre's statement of purpose was actively promoted by staff. The statement of purpose detailed the aims, objectives and 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 July 2018. However, the statement of purpose did not adequately detail all items listed in Schedule 1 of the Regulations including the following:

- the information set out in the certificate of registration
- the management of the designated centre where the person in charge was absent from the centre
- an adequate description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were adequate arrangements in place for any incidents as described in the regulations to be reported to HIQA in accordance with the requirements of the legislation. The inspector followed up on a number of notifications received from the person in charge and saw that suitable actions had been taken regarding each accident or any adverse event.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints could be made to any member of staff and the person in charge was the designated complaints officer. The complaints log evidenced that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and the complaint log recorded whether or not they were satisfied. However, the inspector noted from complaint records viewed, that a resident and or their representatives had complained about the unsuitability of one of the six bedded rooms. Complainants expressed concerns regarding the lack of personal storage space. In addition, there were complaints recorded in relation to the unsuitability of the three bedded room as it was reported to be too small and gets cluttered. These complaints had been recorded back in 2017. The person in charge had highlighted and escalated these issues as per HSE policy to the provider representative, who was aware of these issues. Some actions had been taken in response including the commencement of the aforementioned construction works. However, the provider representative had not put in place adequate measures required for improvement in response to these complaints. For example, the building works that had commenced would not address all these identified premises issues such as the three bedded bedroom or the second six bedded bedroom.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These policies had been reviewed and updated in 2017 and 2018. The centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced best practice or guidelines. Staff spoken to were knowledgeable in relation to these policies and on going policy awareness was being provided.

Judgment: Compliant

Quality and safety

The centre opened as a district Hospital in 1926 and there had been extensions and alterations made a number of times since then. However, the design and layout of

the premises was largely reflective of a small hospital from the period in which it was built and were not suitable to meet the needs of residents. As has been identified on previous inspections the design, size and layout of the premises continued to not be suitable to meet the needs of residents. For example, the design and layout of the three bedded and six bedded rooms continued to be inadequate to protect residents' privacy and potentially compromised residents' dignity. The provider representative acknowledged these ongoing failings. The inspector noted that the impact from the inadequate premises was somewhat mitigated by the short average length of stay for residents in the center. The average length of stay for most residents for the period of June 2017 until June 2018 was 14.5 days. In addition, during this period the average bed occupancy levels have also been kept at 15.7 per month. This meant there were two to three vacant beds available each month which the person in charge explained allowed some flexibility in giving residents some choice of bedroom accommodation. This short duration of residents admissions was also confirmed by the provider representative, the statement of purpose and the admission policy. The person in charge stated that any resident requiring a longer period of admission had generally required palliative care. In addition, the inspector was informed that there were three single bedrooms available in the unlikely event of a resident staying for a longer period of time.

Overall, the inspector was satisfied that residents' health and social care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Residents with whom the inspector spoke felt that they received very good care from all staff, including nurses, doctors and allied health care staff. The inspector observed that residents had good access to general practitioner (GP) services and the inspector observed the GP visiting the centre at different times during this inspection. Since the previous inspection there had been improvements in the care planning documentation and care plans were person-centred and individualised. The centre had a total bed capacity for 18 residents and only provided short stay care for residents requiring respite, rehabilitation, convalescence and palliative care. The person in charge confirmed that the centre could not cater for residents requiring tracheotomy care, residents who had dementia, were mobile and at risk of unexpectedly leaving the centre. On the days of inspection there were 14 residents who had been assessed as having the following levels of dependency needs: six residents had low dependency needs, two residents had medium dependency needs and four residents had high dependency needs. There were two residents that had been assessed as having maximum dependency needs. All residents were recently admitted for short term care and each had a clear discharge plan in place which had been initiated either prior to admission or on admission.

The inspector 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.

Within the limitations of the premises, management and staff within the centre

respected residents' rights, choices and wishes, and supported them to maintain their independence, where possible. In relation to residents' financial transactions, the inspector noted that the centre did not manage any monies on behalf of any resident. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to also be very supportive, positive and respectful in their interactions with residents. Residents were observed calling staff by their first names and interacting with them in a relaxed and friendly way. Satisfaction surveys were carried out on an ongoing basis and responses to these surveys were positive and complimentary of staff and the care and support provided. The inspector noted that visitors were complimentary about the care and support provided by staff to their loved ones. Some visitors who visited the centre at different times every day confirmed that they felt that the care provided was excellent.

There was an adequate programme of activities carried out by staff who were seen leading activities mainly in the sitting room. The inspector noted that bingo and gentle exercises were popular with a number of residents. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

Regulation 11: Visits

Visitors outlined to the inspector how staff were very proactive in keeping them up to date in relation to their loved one's needs, particularly if there were any significant changes. Visitors were seen coming and going in the centre at different times. However, improvements were required to ensure that suitable communal facilities were available for residents to receive visitors. For example, aside from the one sitting room there was an oratory room. However, this oratory was not suitable for all residents use as the only seating in this room were church pews which were not adequately accessible for a number of residents to be able to meet their visitors in private. In addition, the centres visiting policy required review as it stated that visiting was restricted to certain hours.

Judgment: Substantially compliant

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 a bed side locker in their bedroom for the safekeeping of any small personal items. However, as already identified in this report and as identified on previous inspections, there continued to be inadequate storage in the center for residents' personal clothing or belongings. There were only one standard size wardrobe

available for residents' use in each of the multi-occupancy bedrooms. This lack of storage space was also evidenced on the first day of inspection when the inspector observed a bag of residents' laundry was stored on the floor beside a residents' bed. The impact of this reduced space was marginally mitigated by the short time frame that residents stayed in the center. In addition, residents told the inspector that their relatives brought their laundry home most days so that it generally did not build up. The inspector noted that this was the case, on the days of inspection.

Judgment: Not compliant

Regulation 13: End of life

Overall, there was evidence of appropriate end of life care and comfort was provided to residents which addressed their physical, emotional, social, psychological and spiritual needs. On the days of this inspection, there were no residents receiving end of life care. Staff who the inspectors spoke with demonstrated an empathetic understanding of the needs of residents and their families at end of life. There was one palliative care room that had a kitchenette, private outside garden area and overnight facilities that were available for families within the centre. Staff confirmed that family members who wished to remain overnight were supported and made comfortable.

Judgment: Compliant

Regulation 17: Premises

The premises were not adequate to meet the needs of residents and this issue had been identified on previous inspections. However, building works had recently begun on a planned extension. Resident accommodation consisted of three single bedrooms, one triple bedroom ward and two wards which contained six beds each. Each bedroom had a wash-hand basin and one of the single rooms was en-suite. There were toilets and shower facilities provided in reasonable proximity to each bedroom area and the sitting/dinning room. However, there continued to be significant non-compliance's in relation to premises including the following; there were no baths or assisted bath available for resident use. The unsuitability of the multi-occupancy bedrooms included limited space between beds that potentially posed a restriction on movement for staff delivering care at the bedside. The lack of space also reduced the amount of furniture or personal memorabilia that could be accommodated and there was no individual lockable storage available for residents. In addition, the windows in the bedrooms were not suitable as residents could not see the outside from their beds. The design, layout and location of the two sluice areas adjacent to the two six bedded wards continued to be unsuitable and potentially compromised the prevention of cross contamination. There was only

one television in each of the multi-occupancy bedrooms which did not afford adequate choice for residents. The inspector noted that this issue had been a subject of residents complaints. There were ramps and hand rails at the entrance to the premises however, the inspector noted that there were no hand rails or suitable adaptations on any internal corridors. The laundry room was unsuitable in the design and layout. For example, the finish of the floor and most of the wall areas was of rough plaster and difficult to clean. There was evidence of cobwebs and stains in a number of hard to reach areas such as behind the washing machines. The laundry room only contained one unsuitable domestic style cold water tap and there was no wash hand basin available for staff use.

Judgment: Not compliant

Regulation 18: Food and nutrition

Overall residents nutritional and hydration needs were adequately met. Residents weights were monitored on a regular basis as appropriate. A recognised nutritional assessment tool was used and there were corresponding nutritional care plans in place. Appropriate referrals to allied health were documented. For example, referrals to dietitian, speech and language therapy and GP's. One resident was prescribed nutritional supplements by their GP and another was recommended for fortification of food by the dietitian in the referring hospital. Residents were very complementary about the food provided which was cooked on site and served in the dining room or in residents bedrooms. Home baking was also prepared on site daily. There was ample drinks available and served and condiments available to all residents. The inspector noted that jugs of water and fruit juice were available in all residents bedrooms and the sitting room and, there was a cool water dispenser located near the main entrance. Residents confirmed that snacks and drinks were provided at regular intervals and also available on request, at any time.

Judgment: Compliant

Regulation 20: Information for residents

A Residents' Guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment: Compliant

Regulation 26: Risk management

Overall, there were suitable 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 control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, and residents leaving the centre unexpectedly. 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 improvements were required in the hazard identification and assessment of risks in the centre. Risk assessments were required in relation to the access to cleaning liquids stored on the cleaning trolley and the intermittent unrestricted access to the outside area to the rear of the premises. In addition, the construction works had prevented residents from accessing their usual secure outside garden area. A number of residents, their visitors and at times some staff were seen enjoying the good weather in another outside area on both days of the inspection. However, this alternative outside area was not a secure area and this arrangement of residents accessing this area had not been risk assessed.

Judgment: Substantially compliant

Regulation 27: Infection control

The premises appeared to be generally clean and there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards. However, a number of areas such as the sluice areas and parts of the laundry room were not designed or laid out to adequately prevent cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken suitable measures to protect the residents, staff and premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. All staff had up-to-date fire safety training including attendance at fire evacuation drills in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, medications were stored, administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann's Guidance to Nurses and Midwives on Medication Management (2007). Medication records reviewed were adequate. Staff were observed adhering to appropriate medication management practices. The medication trolleys were suitably secured and the medication keys were held by the nurses on duty. Controlled drugs were stored and managed in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the care plans reflected the overwhelming majority of residents' assessed needs. Comprehensive nursing assessments of each resident's health, personal and social care needs were carried out by an appropriate health care professional following admission to the centre. The person in charge outlined how on-going improvements in the residents care planning system was being implemented. Care plans were reviewed every four months or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

There was appropriate medical and healthcare, including a high standard of evidence-based nursing care provided for residents in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais. There was also evidence of good access to other specialist and allied health care services to meet the care needs of residents. For example, speech and language therapist, occupational therapy, physiotherapy, psychiatry, opticians, dentists and chiropody services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were effective supports in place such as staff training and suitable policies for the management of behaviours that challenge. However, there were no residents with behaviours that challenge on the days of inspection.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to support identifying, reporting and investigating allegations or suspicions of abuse. Training records indicated that all staff had completed initial or up-to-date training in the prevention, detection and response to abuse. In relation to residents' financial transactions, the inspector noted that the centre did not manage any monies on behalf of any resident.

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 dignity of residents. The inspector observed that in each of these multi-occupancy bedrooms, residents had various levels of care needs and levels of mobility. Some residents required bed rest, some had cognitive impairment and a number of residents required support with personal care including for example, the use of a commode. It was evident that having up to six residents with such diverse health and social care needs sharing the same bedrooms inevitably impacted on residents' privacy and potentially on their dignity. Even with the use of bed screens provided; it was difficult to see how some residents with reduced capacity, mobility or high care needs could undertake personal activities in private. Complaints had been received from residents and their representatives in relation to the privacy aspect of these bedrooms. In addition, the inspector noted that not every bedroom door was lockable and therefore potentially reduced residents opportunities to undertaken personal activities in private. The person in charge immediately contacted the maintenance department to remedy this particular issue. The provider representative acknowledged that these bedrooms were not suitable and stated that the building extension when completed, would significantly improve this issue for some of the residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Theresa's Hospital OSV-0000741

Inspection ID: MON-0022375

Date of inspection: 25/07/2018 and 26/07/2018

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 23:</p> <p><i>"There was some evidence that the centre may not have adequate resources for the completion of planned premises building work"</i></p> <p>An extension is currently being added to St. Theresa's Hospital consisting of one single and one double room, both en-suite. These additional beds will allow for the male ward to reduce from 6 to 3 beds. The extension will also include a sluice area, thus replacing the existing male sluice.</p> <p>The development plan, which is currently unfunded, allows for further expansion to occur on a phased basis or in one build.</p> <p>The unfunded Phase 1B would include an ensuite double room, a second sluice area and a Nurses station.</p> <p>The unfunded Phase 2 would incorporate 4 single ensuite rooms and a family/meeting room. The Capital funding requirement for Phase 1b and 2 have been submitted as part of Estimates Process 2018.</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 "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 3:</p> <p><i>"The Statement of Purpose did not adequately detail all items listed in Schedule 1 of the Regulations including:</i></p> <ul style="list-style-type: none"> <i>The information set out in the certificate of registration</i> 	

- *The management of the designated centre when the person in charge was absent from the centre*
- *An adequate description (either in narrative form or in a floor plan) of the rooms in the designated centre including their size and primary function”*

The Statement of Purpose has been amended to include the following:

1. Appendix attaching copy of certificate of registration
2. The Clinical Nurse Manager who deputises in the absence of the Person in Charge
3. More detailed description of the rooms and their primary function within the designated centre.

Regulation 34: Complaints procedure	Substantially Compliant
-------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The “Report of an Inspection of a Designated Centre for Older Persons” for St. Theresa’s Hospital advises in respect of Regulation 34:

“The provider representative had not put in place adequate measures for improvement in response to these complaints”

The Complaint log will be signed off by the Person in Charge and the HSE named provider. All complaints are discussed between the Person in Charge and the HSE named provider.

Complaints relating to the environment: An extension is currently being added to St. Theresa’s Hospital consisting of one single and one double room, both en-suite. These additional beds will allow for the male ward to reduce from 6 to 3 beds. The extension will also include a sluice area, thus replacing the existing male sluice. Individual wardrobes will then be added to the improved bed space in the then 3 bedded ward.

The unfunded Phase 1b and 2 have been submitted as part of the estimate process.

Regulation 11: Visits	Substantially Compliant
-----------------------	-------------------------

Outline how you are going to come into compliance with Regulation 11: Visits:

The “Report of an Inspection of a Designated Centre for Older Persons” for St. Theresa’s Hospital advises in respect of Regulation 11:

- ***“suitable communal facilities are available for residents to receive visitors***
- ***The centres visitors policy requires review as it stated that visiting was restricted to certain hours”***

Currently Residents can receive visitors by their bed or in the Day/Dining Room.

The oratory will be rearranged in the short term to allow a quiet space where residents can have private meetings with their visitors.

Unfunded Phase 2 of the building development plan will incorporate a visitors/family room. The Capital funding requirement for Phase 1b and 2 have been submitted as part of Estimates Process 2018.

The Visiting policy has been updated to reflect the "open" visiting which operates within St. Theresa's Hospital.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal Possessions

The "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 12:

"The lack of space particularly in the multi occupancy rooms for residents to store their clothes or personal memorabilia"

While it is acknowledged that Residents such as palliative care Residents can have an extended period of stay in St. Theresa's, the average length of stay is 14.5 days. Therefore the storage requirement of Residents for clothes or personal memorabilia is for a finite period of time.

The large shared wardrobe in St. Gerard's Ward and Our Lady's Ward will be replaced by smaller individualized units.

Once the current building works are completed the current 6 bedded male ward will reduce to a 3 bedded ward, which will allow for individual wardrobes in this 3 bedded ward.

All new rooms including in the new development will have individualized lockable wardrobes.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 17:

"The building is not adequate to meet the needs of the residents."

An extension is currently being added to St. Theresa's Hospital consisting of one single and one double room, both en-suite. These additional beds will allow for the male ward to reduce from 6 to 3 beds. The extension will also include a sluice area, thus replacing the existing male sluice. Individual lockable wardrobes will then be added to the improved bed space in the then 3 bedded ward.

The large shared wardrobe in St. Gerard's Ward and Our Lady's Ward will be replaced by smaller individualized units.

Handrails are to be affixed to the main corridor area.

There is a TV in all rooms and also in the day room.

Residents can bring radios/iPads and phones (with earphones) from home and there is no restriction on their use.

The development plan, which is currently unfunded, allows for further expansion to occur on a phased basis or in one build.

The unfunded Phase 1B would include an ensuite double room, a second sluice area and a Nurses station.

The unfunded Phase 2 would incorporate 4 single ensuite rooms and a family/meeting room.

The Capital funding requirement for Phase 1b and 2 have been submitted as part of Estimates Process 2018.

Regulation 26: Risk management	Substantially Compliant
--------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 26: Risk management:

The "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 26:

- ***"Risk assessments were required in the access to cleaning liquids stored on the cleaning trolley and intermittent unrestricted access to the outside area to the rear of the premises"***
- ***"This alternative outside area was not a secure area and this arrangement of residents accessing this area had not been risk assessed."***

A Risk assessment has now been completed for cleaning agents on the cleaning trolley.

A lockable storage container for cleaning stocks on cleaning trolleys has been sourced.

A Risk assessment has now been completed on the use of the alternative outside area.

A Risk assessment has now been completed for the rear door adjacent to the Kitchen.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

The "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 27:

- ***"A number of areas such as the sluice area and parts of the laundry room were not designated or laid out to adequately prevent cross contamination"***

There has been no incident of Nora Virus or seasonal flu over the last 12 months.

An extension is currently being added to St. Theresa's Hospital includes a sluice area which will full consideration to the prevention of cross contamination. This sluice will replace the existing male sluice.

The unfunded phase 1b includes a second sluice area. The Capital funding requirement for Phase 1b and 2 have been submitted as part of Estimates Process 2018.

The laundry room layout will be reviewed to minimize cross contamination.

All admissions will be continued to be risk assessed to ensure that those who are at high risk from an infection control perspective are not accommodated in the multi occupancy rooms.

St. Theresa's will continue to maintain a high standard of cleaning and good housekeeping practices.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The "Report of an Inspection of a Designated Centre for Older Persons" for St. Theresa's Hospital advises in respect of Regulation 9:

- ***"the unsuitable design and layout of the multi-occupancy bedrooms impacted on the privacy and potential dignity of residents"***

An extension is currently being added to St. Theresa's Hospital consisting of one single and one double room, both en-suite. These additional beds will allow for the male ward to reduce from 6 to 3 beds.

The development plan, which is currently unfunded, allows for further expansion to occur on a phased basis or in one build.

The unfunded Phase 1B would include an ensuite double room.

The unfunded Phase 2 would incorporate 4 single ensuite rooms and a family/meeting room.

The Capital funding requirement for Phase 1b and 2 have been submitted as part of Estimates Process 2018.

The large shared wardrobe in St. Gerard's Ward and Our Lady's Ward will be replaced by smaller individualized units.

The oratory will be rearranged in the short term to allow a quiet space where residents can have private meetings with their visitors.

There is a TV in all rooms and also in the day room. Residents can bring radios/iPads and phones (with earphones) from home and there is no restriction on their use.

On admission all residents are assessed for their care needs and are placed, in as far as is possible, in the Ward that best meets their clinical need.

As St. Theresa's is a short term basis there are admissions and discharges on a daily basis. When there is a vacant bed, this vacancy is maintained in St. Gerard's Ward.

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	9/8/2018
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	09/08/2018
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and	Substantially Compliant	Yellow	31/12/2018

	needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.			
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	31/12/2018
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	Submitted as part of Estimates Process 2018.
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	Submitted as part of Estimates Process 2018.

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	9/8/2018 Completed
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.	Substantially Compliant	Yellow	Submitted as part of Estimates Process 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	09/8/2018 Completed
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective	Substantially Compliant	Yellow	Submitted as part of Estimates Process 2018.

	complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/12/2018