



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Unit 1 St Stephen's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	30 April 2019
Centre ID:	OSV-0000715
Fieldwork ID:	MON-0024811

About the designated centre

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

Unit 1 is a dementia specific unit situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. It is a single storey detached building and is registered to accommodate 16 residents. Residents' accommodation comprises of one single bedroom, and the rest of bedrooms are four-bedded rooms. There are no en-suite facilities but assisted showers toilets and bathrooms are across the corridor. Very colourful murals are painted on the wall at the entrance to the centre and at the entrance to each bedroom. Communal space includes a dining room and sitting room and a sensory room. There is also a seating area inside the main entrance to the centre that residents enjoy using. There is a visitors' room for families to visit in private and an over-night guest room with kitchenette facilities. Residents have access to an enclosed garden with walkway and garden furniture with panoramic views of the valley and countryside. All bedrooms open onto a veranda to the side of the building.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and respite, and palliative care to older people with a diagnosis of dementia.

The centre provides 24-hour nursing care with a minimum of three nurses on duty during the day and one nurse at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
30 April 2019	09:50hrs to 18:15hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents and numerous relatives throughout the inspection. Residents said they felt safe and well cared for. Residents and relatives reported satisfaction with the food and said choices were offered at all meal times.

Residents who the inspector spoke with were very happy with the activities and said they particularly enjoyed the music sessions, imagination gym and Sonus. One resident told the inspector that she attends the activity centre three days a week and really enjoys that. Relatives and residents were very complimentary about staff, saying staff were very caring, friendly and helpful. Families complimented the low turnover of staff and the continuity it brought having regular staff on duty. Relatives complimented staff for their welcome for them when they visit and say they are offered tea and refreshments. They felt the centre was small and homely and everyone knew each other. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular relative/residents' meetings were facilitated.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified.

The centre was operated by the Health Service Executive (HSE) who was the registered provider. The provider nominee who had responsibility for another designated centre was available to the management team. The inspector saw that there was a clearly defined management structure in place. The centre was managed by a full time person in charge who also had responsibilities for other areas of the service. The person in charge was supported in her role by a CNM2 and a CNM1. The CNM2 took responsibility for the clinical care and the day to day operations of the centre and the CNM1 was available in her absence. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management.

The person in charge and provider nominee were both new to the service since the last inspection. The provider nominee had attended the centre and met the inspector during the inspection and the person in charge had been the person in charge of the centre in the past and had recently returned to her substantive

post .The inspector interacted with the new person in charge throughout the inspection. The management team displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

The management team displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of numerous aspects of resident care utilising key performance indicators, staff appraisals and provision of staff training. The inspector saw evidence of the monitoring of the quality and safety of care provided to residents. This was through the collection of key clinical quality indicator data which included pressure ulcers, falls, the use of psychotropic medications, bed rails, medication management and administration, the assessment of risk, and health and safety. Medication management audits were undertaken by the in house pharmacist these were seen to be very comprehensive. Audit outcomes and any corrective actions were documented and had resulted in changes to practices particularly around the management and reduction in use of residents individual medication.

The person in charge and CNM regularly received feedback from residents and relatives via the residents/ relatives meetings. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIOA under section 8 of the Act for 2018.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, generally maintained in good order and easily retrievable for monitoring purposes. However one staff file viewed was missing evidence of current registration with the nursing board and a curriculum vita. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were

followed through in practice with robust induction in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Regulation 14: Persons in charge

The person in charge had been the person in charge of the centre in the past and had recently returned to her substantive post in the centre. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of three nurses on duty during the day and one nurse at night, with a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained however they did not contain the requirements of schedule 2 of the regulations. One staff file was missing a CV and evidence of up to date registration with the nursing board.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge and CNM2 were collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and, although they did contain details of the service to be provided, the room occupied by the resident and the fee to be paid, they did not detail any additional charges outside of the fee such as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies that were required on the previous inspection were seen to be in place.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and staff that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared for and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

The medical director who is a consultant psychiatrist had responsibility for St Stephen's hospital including Unit 1. The medical team consisted of two consultant psychiatrists; two medical registrars, one senior house doctor and one intern from the general practitioners' (GP) training rotation scheme, which rotated every six months. This team of doctors provided 24 hour medical care and there was evidence that residents had timely medical reviews. Weights and blood pressure were recorded monthly and more often if the clinical condition warranted.

Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, and podiatry and ophthalmology services. Residents in the centre also had access to psychology

services in house to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia. Treatment plans were put in place which was seen to be followed through by the staff in the centre. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The inspector saw that residents had a comprehensive assessment completed prior to and on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents' families where appropriate participated in care plan reviews. The inspector found that the care plans guided care and were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Relative surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review was made available to all. A varied social programme was seen and residents' photos and art work was displayed throughout the centre. The inspector saw some one to one activities activities taking place during the inspection and small group activities. Advocacy services were available to residents as required.

There had been a reduction in the use of bed rails since the previous inspection and alternatives to bed rails were in use such as low profiling beds and alarms. Comprehensive assessments were seen to be in place and regular checks were undertaken on all residents using bed rails.

The premises was bright and very clean with plenty of outdoor areas including a secure garden which relatives told the inspector was used very frequently. The corridors were long and wide and provided plenty of space for walking and residents were seen to use and enjoy this space. The majority of residents resided in four bedded rooms and although these rooms were spacious there continued to be constraints in relation to the protection of residents privacy and dignity. there were no en-suite facilities and toilets and bathrooms were across the corridor.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly. An emergency plan had been developed following the previous inspection outlining an appropriate response for all emergency situations.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the designated visitors' room. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 17: Premises

Although the premises was bright and airy with plenty of communal and external space there were limitations with the premises which were found not to meet the needs of the residents in that the multi-occupancy bedrooms do not ensure that each resident may undertake personal activities in private particularly in light of these rooms not having en-suite facilities.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. The domestic supervisor completed audits twice monthly on

the cleanliness of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire policies and procedure in place with the procedure prominently displayed throughout the centre. Records showed that the emergency lighting, fire fighting equipment and the fire detection and alarm system were being serviced. The inspector found that the needs of residents in the event of a fire were assessed by way of detailed Personal Emergency Evacuation Plans (PEEPs). Fire drill records were available indicating that fire drills were being carried out in the centre as part of the fire safety training and extra drill were also undertaken. There was adequate staff available and as there was always a member of staff at the main reception 24 hours a day staff from other units would be immediately be deployed if required. The provider had made necessary arrangements for fire safety training to be provided to staff during 2018 and January 2019 which was confirmed by staff and an up-to- date training matrix.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information.

Comprehensive medication audits were undertaken by the pharmacist and there was evidence of actions taken as a result of findings. The pharmacist visited the unit on a regular basis providing medication reviews, stock control, advice and education for staff. Medication errors were recorded and investigated accordingly. There was evidence of comprehensive multidisciplinary medication reviews resulting in reduction in medication prescribing for residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff and staff demonstrated an awareness of what to do if there was an allegation of abuse. There was a very clear system in place in the management of residents' finances as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and receipts were maintained.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with by the CNM2 and person in charge and staff. Formal residents'/relative meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A programme of appropriate activities were available for residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant

Compliance Plan for Unit 1 St Stephen's Hospital OSV-0000715

Inspection ID: MON-0024811

Date of inspection: 30/04/2019

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The up-to-date CV and An Bord Altranais Certificate which were found to be absent during the inspection have now been sourced and place in the appropriate personnel file.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contract of care has been up-dated to include all additional charges.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><i>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.</i></p> <p>It is proposed to upgrade the unit and to build an extension to accommodate the requirements outlined hereunder, however it is important to note that as this proposal requires capital funding the capital funding proposal requires approval by the National Office.</p>	

- Extension of the existing sitting room.
- Recreation room would be provided for a variety of social and cultural activities.
- Dining room and recreation room would have a folding partition to enable social events e.g. gatherings, parties etc.
- End of Life care room would also have an en-suite facility; this would ensure privacy and dignity for the individual concerned.
- Suitable Nurses Station
- Meeting room/Office
- A quiet room will be provided.
- Visitors room
- A larger treatment room
- Allied professional therapy room i.e. physiotherapy room.
- A bulk equipment storage room.
- All bathrooms, toilets, clean rooms, dirty laundry room and linen room will be upgraded.
- Visitors W.C.
- Bulk equipment storage area will need to be provided.
- Staff changing area and staff tea room to be upgraded.
- IT room
- Pre-heat service area (kitchen) will be extended.
- Dry goods store
- Records and store room to be provided.
- Replacement of windows at rear of the building
- Overhead hoists to be provided in all bedrooms
- Sensory room moved to a more appropriate

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 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	05.06.2019
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	05.06.2019

	any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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