

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Brigid's Hospital
<b>Centre ID:</b>	OSV-0000531
<b>Centre address:</b>	Shaen, Portlaoise, Laois.
<b>Telephone number:</b>	057 864 6717
<b>Email address:</b>	shaen.hospital@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	13
<b>Number of vacancies on the date of inspection:</b>	10

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 07 October 2015 12:30 To: 07 October 2015 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 04: Suitable Person in Charge	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant

**Summary of findings from this inspection**

This inspection was carried out to follow up on the action required from the previous inspection. This required action related to the premises.

The inspector found that some refurbishment work was already completed on the ground floor and work was underway on the first floor.

During the inspection, ongoing improvements were noted around food and nutrition and end of life care. Medication management practices were being further developed and the person in charge continued with her own professional development. The health and safety of residents, staff and visitors were promoted.

Action required from this inspection related to the completion of the refurbishment already underway in the premises and in discussed in more detail under Outcome 12.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

The person in charge had maintained her continuous professional development having completed a diploma in pharmacology and a diploma in management. She had continued to attend training and seminars relevant to her role such as end of life care and auditing and had also attended master classes in medication reconciliation and nursing metrics (Agreed standards of measurement where care can be monitored against agreed standards or benchmarks).

The person in charge had appropriate deputising and on call arrangements in place to ensure adequate management of the centre during her absence.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

As at the previous inspection, the inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies. The risk management policy met the requirements of the Regulations. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection including additional safety measures during the current renovations. The person in charge discussed plans to review the risk management policy and the risk register once the renovations were completed.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had regular checks, were unobstructed. The fire alarm system was in working order and the weekly check which included setting off the alarm took place during the inspection. There was evidence of frequent fire drills taking place and all staff had attended training. Additional training was scheduled for December.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector noted ongoing initiatives regarding medication management. A staff member had completed the nurse prescribing course. A full review of medications was undertaken by members of the multidisciplinary team and a 'managed reduction and withdrawal of medication programme' was commenced. This included ongoing close monitoring of the residents prior to and during the changes. For example sleep patterns were recorded prior to any changes in night medication and ongoing monitoring was continued following the discontinuation or reduction of medications. The inspector noted

that to date no changes in sleep patterns were recorded despite reducing or discontinuing some medications.

The medication policy had been updated to reflect this change in practice.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Evidence was available that three monthly reviews were completed.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

As identified at previous inspections the existing premises did not consistently meet the requirements of the Regulations and the Standards. In particular this related to the area where beds were arranged in an open cubicle style.

Although the work was not yet completed and additional action was required, the inspector noted ongoing development work in this area. For example, previously the entrance to the chapel was through an open walkway alongside the residents' beds which further impacted on these residents' privacy and dignity. This area was now renovated and consisted of single and twin rooms with adequate screening in place as required.

Similar work had now commenced on the area upstairs. Builders were on site on the day of inspection. The person in charge discussed additional plans to put a shower and toilet on each refurbished corridor to ensure that residents had easy and convenient access to these facilities.

Other renovations noted included improvements in the chapel and dining room. Staff

discussed work they were undertaking to make the premises more dementia friendly. This included painting all toilet doors a red colour and providing contrasting colours in the toilets themselves such as red handrails and black toilet seats. Staff explained that they could now easily direct someone to the nearest toilet by saying the next red door they see.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

The inspector saw that the improvements brought about in preparation for a previous thematic inspection were continued. The training records showed that training had been provided to staff. Current training included the 'what matters to me' workshop which aims to enhance communication skills so staff at all levels are better able to engage in discussions with residents about what is really important to them.

End of life care plans were in place for each resident and residents' wishes and preferences were documented. The inspector saw that in some cases very specific information was documented including choice of undertaker and wishes regarding transfer to the acute services. In addition a note was inserted in the front of each resident's medical file outlining the resident's wishes regarding transfer to hospital. This was to ensure that out of hours services would be aware of each resident's wishes.

The practices were supported by an end-of-life policy.

The person in charge stated that the centre received advice and support from the local palliative care team. Staff members were knowledgeable about how to initiate contact with the service when required.

Ongoing work continued with the hospice friendly hospital (HfH) initiatives such as the

use of the spiral symbol to alert others to be respectful whenever a resident was dying. Information leaflets were developed to provide helpful advice to relatives on issues such as getting a death certificate. A memory box was used to hold any personal possessions and a specific bag was set aside for clothes.

A yearly remembrance mass was held each December and included special mention of all residents, relatives, staff members and their families who had passed away in the previous year.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a food and nutrition policy which was centre specific and provided detailed guidance to staff. The staff spoken with discussed additional improvements and efforts to further enhance mealtimes.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended. The inspector saw that there was adequate staff to provide assistance in a discreet and sensitive manner if required. The inspector saw that adapted cutlery and crockery was in use for some



residents as this promoted their independence.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had the same choices as other residents. This included a tastefully presented selection of modified consistency fruits for breakfast. The inspector saw that strawberries, pears, pineapples and melons were individually presented in serving bowls for residents who required it in this consistency.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Brigid's Hospital
<b>Centre ID:</b>	OSV-0000531
<b>Date of inspection:</b>	07/10/2015
<b>Date of response:</b>	23/10/2015

### Requirements

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

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

### Outcome 12: Safe and Suitable Premises

#### Theme:

Effective care and support

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

Additional action was required to ensure the premises met the requirements of the Regulations.

#### 1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

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

designated centre.

**Please state the actions you have taken or are planning to take:**

The HSE notes the deficits identified at the time of inspection. We have reviewed the options for the provision of additional shower/toilet for both floors. This is possible without major reconstruction through converting nursing stations. Costing on the work is currently being undertaken.

Proposed Timescale: TBC

**Proposed Timescale:**