

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007**



Centre name:	St Patrick's Hospital Cork
Centre ID:	0582
Address:	Curraheen
	Cork
Telephone number:	021 4501201
Email address:	info@sppmm.ie
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	St Patrick's Hospital Cork Ltd
Person authorised to act on behalf of the provider:	Kevin O'Dwyer
Person in charge:	Sarah McCloskey
Date of inspection:	10 September 2013
Time inspection took place:	Start: 10:15hrs Completion: 17:20hrs
Lead Inspector	Caroline Connelly
Support Inspector	Ide Batan
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection:	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

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 their 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
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This report set out the findings of an unannounced inspection. This was the seventh inspection of St Patricks Hospital by the Health Information and Quality Authority's (the Authority) Regulation Directorate. This inspection took place over one day on 10 September 2013. As part of the inspection inspectors met with the person in charge, the assistant director of nursing, human resources manager, residents, relatives, and

staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 10 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

The centre was finished to a high standard and was found to be clean and well decorated and extra pictures and soft furnishings had been added since the last inspection to assist in creating a more homely environment.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and numerous visitors were seen throughout the inspection.

The actions required from the previous inspection were reviewed. At the last inspection there had been a number of immediate actions that were required to be actioned in relation to fire safety and equipment maintenance which the inspectors were satisfied they had been addressed and action taken as required on this inspection. The issues in relation to the fire doors had been resolved, fire drills were taking place on a more regular basis and there were more systematic equipment checks, on emergency lighting and maintenance checks and servicing in place. Other improvements were seen in relation to medication management and soft furnishings. However, there were a number of improvements identified on previous inspections such as legislative requirements for all staff files, the requirement for more person centred care planning and improvements to the dining experience that remained unmet despite a response from the provider giving dates that had already expired. The inspectors highlighted that these issues required immediate attention as the provider and person in charge were in continued non compliance with the regulations.

These improvements and other improvements as outlined below are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an action plan to address these areas.

These improvements included:

- care planning to be more person-centred
- involvement of residents and relatives in their assessment and care planning
- information in staff files
- improvements to the dining experience for residents.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose and function was viewed by the inspectors; it described the service and facilities provided in the centre. It identified the staffing and numbers of staff in whole time equivalents and also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The facilities, management structure and services provided were set out and other relevant information provided.

The statement of purpose was recently updated to reflect the recent changes to the management structure on the units. It included the conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Health Act as required by legislation. The statement of purpose was found to meet the requirements of legislation.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is an experienced nurse and manager and has held the role of person in charge since September 2010. She is a registered general nurse and holds a Master of Science Degree and completed a diploma in leadership and Quality in Healthcare. She is currently undertaking a PHD in Nursing. She is the director of nursing for the hospital which includes older person's services and palliative care services.

The person in charge is involved in the day-to-day management of the organisation and had a good reporting mechanism in place to ensure that she is aware and up to date in relation to changing needs of residents. Staff and residents identified the person in charge as the one with overall authority and responsibility for the service. She demonstrated a comprehensive knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The person in charge is supported in her role for older persons' services by Kathleen Harte, assistant director of nursing (ADON) and a team of clinical nurse managers (CNMs). A second ADON has responsibility for palliative care services but will also act up in older persons' services as required. CNMs take charge of the centre at weekends, with two further assistant directors of nursing taking charge at night time.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility

to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Training records viewed by the inspector showed that staff had received ongoing elder abuse training in 2012 and 2013 training records. A number of staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Staff, when interviewed by the inspectors, demonstrated awareness of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance of any form of abuse in the centre.

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. Residents generally kept their own money and valuables in the locked storage area in their rooms but a number of residents handed their money in for safekeeping. The inspector saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or lodgements which were signed and properly receipted. The centre was acting as pension agent for a number of residents and the forms for same required inclusion in resident's files.

Outcome 7

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Outstanding action(s) required from previous inspection:

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

Inspection findings

There were a number of issues identified on the last inspection with the fire systems that required urgent attention. On this inspection the inspectors were satisfied that all the issues had been addressed as outlined below but one required further action.

- On the last inspection eight fire doors did not close when the alarm went off and the maintenance manager said the number of doors that remained open varied on each test. This problem had now been resolved and on the weekly checks all doors were now all closing.
- On the last inspection the emergency lighting had not been subjected to an official check since the move into the building in September 2011. On this inspection inspectors saw records to show that the emergency lighting was now being checked on a regular basis with the last check completed on the 16 July 2013.
- On the last inspection although some fire drills had taken place in May 2012 there was not a systematic recording of these drills or plans to have regular drills in each unit. On this inspection the person in charge showed the inspectors a comprehensive fire drill checklist that is being used to record and monitor response times issues raised and learning gained from the undertaking of fire drills. The maintenance manager and the person in charge confirmed that two fire drills were undertaken in 2013.
- On the last inspection there were designated smoking areas for residents on the balcony area on each unit where residents could smoke outside in a covered-in area ensuring adequate ventilation. However, the inspectors found there were not adequate controls in place to protect residents, in that fire fighting equipment was not available on the balcony areas, there was not a nurse call system in place and the system of resident supervision was not sufficiently robust. On this inspection it was noted that all balconies used for smoking by residents had a fire extinguisher fire blanket and fire aprons available for residents use. The person in charge told the inspectors that a hand bell was given to residents who went out to smoke on the balcony so they could call for assistance; however the unit staff that spoke to the inspector was unable to confirm that with the inspector and said that residents were supervised when smoking. There were no individual risk assessments for residents who smoked in their care plan neither was there a plan of how the resident was going to be supervised to ensure their safety.

- On the last inspection there was not a robust system in place for checks and servicing of beds and equipment such as safety rails. On this inspection the inspector saw comprehensive records of servicing and checks of equipment in line with legislative requirements.

The centre-specific health and safety statement was seen by the inspectors. The risk management policy dated March 2012, which contained hazard identification sheets with control measures, was also viewed by the inspectors. The maintenance manager showed the inspectors an emergency room which they had stocked with emergency equipment such as high visibility vests, wellingtons, hypothermic blankets, torches etc to be used in the event of a missing person.

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency and pressure-sore development, continence, moving and handling.

The inspectors observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the building, on the corridors and throughout staff and resident areas. Staff had received infection control training and hand hygiene and infection control was the subject of audit.

The fire policies and procedures were centre-specific. There were notices for residents and staff on “what to do in the event of a fire” appropriately placed throughout and staff interviewed were aware of what to do in the event of fire. Fire training was provided to staff in August 2012. Inspectors saw records of the training and staff confirmed their attendance at same. Records of tests carried out on the extinguishers and equipment and alarms were seen and completed in July 2013.

Outcome 8

Each resident is protected by the designated centres’ policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Outstanding action(s) required from previous inspection:

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

Inspection findings

On the previous inspection the inspectors noted that there were a couple of issues with medication management that did not abide with the centre's policy on medication management, nor did it meet the requirements of An Bord Altranais Guidance to Nurses and Midwives on Medication Management 2007, for example, there was no maximum dose for PRN medications and medication that required crushing for one resident was not documented on the medication chart and it was not signed as prescribed by the medical practitioner. On this inspection these issues were seen to be rectified.

The inspector observed a staff nurse on a medication round. The practice of checking, dispensing, and recording of drugs administered was in line with current legislation and An Bord Altranais Guidelines on Medication Management.

The medication trolleys were secured and the medication keys were held by the nurse in charge. Medication management was the subject of audit and medication policies were found to be very comprehensive on previous inspections.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion

Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Outstanding action(s) required from previous inspection:

More person-centred care plans.

Inspection findings

A number of residents' assessments and care plans were viewed by the inspectors on different units. On the last inspection and on previous inspections the inspectors highlighted that care plans were generally found to identify many of the generic needs of residents but many of the care plans talked about "the resident" or "the patient" rather than naming the person. Many of the core care plans used were not personalised to the residents' assessments and individualised needs. On this inspection the inspectors found this to still be the case generic care plans seen did not identify individual requirements or plans of care tailored to that residents' individual need. There was also no evidence documented on the care plans viewed that they had been developed and agreed with the resident and/or his/her representative as is required by legislation.

A medical director is available five days a week to provide medical care to residents. Medical records viewed by the inspectors showed that the residents' medical care is reviewed on a regular basis. Residents, relatives and staff were all very complimentary about the medical care provided. An on-call doctor service is used for out-of-hours cover if required. A consultant physician in geriatric medicine visits the centre as required and a consultant psychiatrist also visits when required. Residents are facilitated to attend out-patient appointments in clinics as necessary. Recommendations and ongoing treatment from these clinics are communicated to the staff in the centre.

There is a dedicated physiotherapist service for the older person's service and a well equipped physiotherapy department. During the inspection the inspectors met the physiotherapist in the gym in the palliative care service where she was running a group with the activities manager she told the inspector that she is involved in assessing and treating all residents as required and there is an open referral system. She also works with the activities manager providing exercise and balance groups for the residents. Residents told the inspectors how much they enjoyed the exercise groups and physiotherapy and found it very beneficial for their movements.

There is a regular podiatry service available. Residents are assessed and frequency of treatment is according to their need. Occupational therapy (OT), speech and language and dietetic services were available on referral by the medical director to the acute hospitals, or the staff would arrange to have the service provided to the resident in the centre.

Optical services are provided by an external optical company which assesses in-house and provides glasses accordingly. Dental services can be organised by nursing staff and residents can also be taken out to their own optician or dentist if so required.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

On the last inspection it was recommended that further provision of pictures and soft furnishings throughout the centre would assist in making a more homely and less hospital-like environment. On this inspection the inspectors saw that extra pictures and soft furnishings had been added since the last inspection to assist in creating a more homely environment.

Overall, the premises and equipment were found to be of a high standard and were clean and well decorated. Many residents' bedrooms were seen to be personalised with photos, rugs and personal belongings.

Residents' private accommodation was found to be of a very high standard and all rooms were en suite with a shower, toilet and wash-hand basin. There was very good provision of storage space with plenty of hanging, cupboard and locked storage space to lock away personal possessions as required. All bedrooms and en suites had ceiling-mounted electric hoists for ease of residents' movements if required.

There was extensive storage space for equipment and dedicated high specification facilities for sluice and cleaning. Some storage rooms, sluice, and cleaning rooms are keypad locked as appropriate to their use.

There are separate small pantry areas for the preparation of snacks and drinks and storage of meals delivered from the main kitchen on each of the units. These pantries are equipped to a high standard.

There was a high level of assistive equipment available for residents' use and as discussed earlier in outcome 7 regular maintenance services and checks were now taking place on the equipment.

The corridors were wide allowing easy access for residents in wheelchairs and those people using walking frames or other mobility appliances, and hand-rails were provided throughout.

A variety of communal space was provided for resident use away from the unit areas; these areas included a central large modern oratory for use by all in the building, an additional prayer room, therapy and examination rooms and rooms for hairdressing and chiropody.

There are secure gardens which are easily accessible from the units and activities area and these contain ample seating for residents. There were walkways at the front of the building and seating for residents and relatives to enjoy the view of the countryside.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 15

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.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Outstanding action(s) required from previous inspection:

Mealtimes required review to ensure that mealtimes are unhurried social occasions that provide opportunities for residents to engage communicate and interact with each other and with staff.

Inspection findings

Residents were offered a varied nutritious diet. There were good links with the catering department.

The menu cycle made allowances for the preferences of individual residents, including those on special diets, and provided for those who required a modified consistency diet. The variety, quality and presentation of meals were of a high standard. The risk of weight loss was seen to be well managed. Residents had their weight recorded on a regular basis, dietary intake was recorded and supplements prescribed if required.

On the last number of inspections the inspectors have identified issues with the overall dining experience for the residents in the centre which included:

- a number of residents having their lunch served on a small table beside their chair in the day room; this practice did not allow residents to move to a different area for their meals and to relax at a table
- further consideration could also be given to the table settings to give a more homely feel to the dining experience
- the dining experience was a functional task rather than a social occasion
- there was an under-utilisation of the dining room with many residents having their meals in their rooms
- the dining experience requires improvement to make it a social occasion for residents and to facilitate them to stay at the tables to chat and socialise after their meals.

On this inspection the inspectors observed lunch time in two different units and there were some improvements seen in that music was playing on one unit and decorative flowers were in place on the tables. The inspectors saw staff assisting residents with their meals. The assistant was seated beside the resident and conversed with him/her whilst offering assistance. Carers were observed encouraging residents to be as independent as possible whilst eating by encouraging them to hold their own cutlery and glass wherever possible. However, many of the poor practices identified on previous inspections as outlined above had continued to happen. On one unit only 9 out of 21 residents were in the dining room for lunch. On another unit there were 12 residents out of 21 at the dining room. Meals were served to two residents and then left on the table in front of the residents for a length of time until staff were available to assist them rather than just serving the meal when the staff available. A number of residents were seen without a drink of water/juice/milk in front of them neither were they seen to be asked if they required a drink by the staff. Salt and pepper were in paper sachets which can be difficult for an older person with poor dexterity to open rather than in salt and pepper shakers which are easier to use.

On one unit the trolley with desserts and tea/coffee was being offered to residents while they were still eating their main course which did not allow for a relaxed meal time.

Mealtimes now requires serious review to ensure that mealtimes are unhurried social occasions that provide opportunities for residents to engage communicate and interact with each other and with staff.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The residents' committee was run by a regular volunteer who has built up a great rapport with the residents. Numerous residents' meetings had been held to date. The last meeting was held on 26 June 2013 with the next one scheduled for September 25 2013. Some issues identified by residents included changes to activities and a number of issues to do with meals and the heating in the centre. These issues had been addressed by staff and the CEO of the hospital and catering staff attended the residents' meeting in May to address and discuss issues outlined. Residents reported satisfaction with the residents' committee.

Plenty of notice boards were seen throughout the resident areas with information displayed for residents such as details of the advocacy service, the activities programme, menus and items of interest. A number of residents told the inspector that they really enjoyed the various activities and some said they were varied and interesting and included trips out, afternoon tea, musical sessions, entertainers coming in, arts and crafts, flower arranging and exercise groups. One-to-one activities were also available to residents who did not wish to participate in group activities.

The inspector observed staff protecting residents' privacy and dignity by knocking before entering bedrooms and toilet areas. Adequate screening was provided in the shared bedrooms. The manner in which residents were addressed by staff was observed by the inspector to be appropriate and very respectful.

Links were maintained with the local community through a number of local musicians who provide entertainment for residents on a regular basis, volunteers and other members of the local community coming to the centre. Plenty of newspapers were seen throughout the communal areas.

A flexible visiting policy is in place, and this was confirmed by residents and relatives. Residents and relatives commended staff on how welcoming they were to all visitors. There was ample private space available for residents to meet with their visitors if they did not wish to use their bedrooms.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

Outstanding action(s) required from previous inspection:

Incomplete staff files.

Inspection findings

On the last inspection it was identified that there continued to be significant work required to ensure all staff records contain all the information required by legislation. Despite it being identified as non-compliance in each report to date, a number of staff personnel files did not contain all the information required as per Schedule 2 of the

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). This now requires immediate attention.

The human resource manager told the inspector on this inspection that significant work had been undertaken on staff files and a member of staff had taken it on as a project, however, there was still a number of outstanding documents required on a number of staff's files. The inspector informed him as this is a continued non compliance urgent attention would be required to ensure compliance with the regulations.

The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of residents. The inspector reviewed the planned and actual rotas. Residents and staff agreed that staff were available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents.

There is an education centre in St Patrick's Hospital which has extensive facilities available, including a tiered lecture theatre which can double up as a cinema for residents if required and various other conference and lecture facilities. Education provided by the education centre includes academic, continuing professional development and in-service education. There are also practice development coordinators and an infection-control nurse employed who provide ongoing support and education to staff. The inspector viewed the practice development coordinator's record ensuring all nursing staff attended training provided by a representative during the inspection.

Staff training and education records viewed by the inspector showed that staff had attended mandatory training which included manual handling, elder abuse and fire training. A variety of professional development training records were viewed which showed that a variety of training had been provided including challenging behaviours, care of the older person, prevention of pressure ulcers, continence promotion, infection control, cardio-pulmonary resuscitation (CPR), wound care, nutritional training, Go for Life, pain management, end of life, gerontological nursing and first aid. Records showed that care assistants had received Further Education Training Awards Council (FETAC) Level 5 training.

The inspector found that a good level of appropriate training was provided to staff, and staff were supported and encouraged to keep their knowledge base current.

Residents and relatives spoke positively about staff and indicated that staff were generally caring, responsive to their needs, and treated them with respect and dignity.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, and the assistant director of nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of residents, relatives, provider and staff during the inspection.

Report compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

13 September 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report*

Centre:	St Patrick's Hospital Cork
Centre:	0582
Date of inspection:	10 September 2013
Date of response:	07 October 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:

There were designated smoking areas for residents on the balcony area on each unit where residents could smoke outside. However, the inspectors found there were not adequate controls in place to protect residents, in that there was uncertainty around the nurse call system in place and there were no individual risk assessments in the notes of a resident who smoked nor the details system of resident supervision was not sufficiently robust.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required:	
Take adequate precautions against the risk of fire, including the provision of suitable equipment and risk assessments.	
Reference:	
Health Act, 2007 Regulation 32: Fire precautions and records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Hand bells are in place and awareness of same has been raised.	Completed
Memo sent to staff as a reminder.	Completed
Individual risk assessments of residents who smoke will be carried out and retained in the resident's file.	By 1 November 2013

Outcome 11: Health and social care needs

The provider has failed or is failing to comply with a regulatory requirement in the following respect:
Care plans were generally found to identify many of the generic needs of residents, but as identified on a number of previous inspections many of the core care plans used were not personalised to the residents' assessments and individualised needs. There was no evidence that the care plans had been developed and agreed with the resident and/or his/her representative as is required by legislation.
Action required:
The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or his/her representative.
Reference:
Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Now transparently recording person/family member who is collaborated with and contributes to the care plan.</p> <p>Training in person centred care planning to be organised by Practice Development.</p> <p>Staff have all been made aware of issues and informed of training by management, and monitoring in place.</p> <p>To be audited internally in six months.</p>	<p>Immediate</p> <p>1 January 2014</p> <p>Immediate</p> <p>1 April 2014</p>

Theme: Person-centred care and support

Outcome 15: Food and nutrition

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>On the last number of inspections the inspectors have identified issues with the overall dining experience for the residents in the centre which included:</p> <ul style="list-style-type: none"> ▪ a number of residents having their lunch served on a small table beside their chair in the day room; this practice did not allow residents to move to a different area for their meals and to relax at a table ▪ further consideration could also be given to the table settings to give a more homely feel to the dining experience ▪ that the dining experience was a functional task rather than a social occasion. ▪ there was an under-utilisation of the dining room with many residents having their meals in their rooms ▪ the dining experience requires improvement to make it a social occasion for residents and to facilitate them to stay at the tables to chat and socialise after their meals.
<p>Action required:</p> <p>Mealtimes required review to ensure that mealtimes are unhurried social occasions that provide opportunities for residents to engage, communicate and interact with each other and with staff.</p>

Reference: Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Meeting with catering manager, consultation with interior decorator in place since 1 October 2013. Decor and table settings to be reviewed and improved. Practices reviewed, and education of all staff regarding same. Monitoring and documentation by ADON and DON to ensure improvements maintained from 1 November 2013.	1 November 2013

Theme: Workforce

Outcome 18: Suitable staffing

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A number of staff files did not contain all the information set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>
<p>Action required:</p> <p>Ensure that a person is not employed to be a member of staff unless:</p> <ul style="list-style-type: none"> ▪ the person is fit to work at the designated centre ▪ information and documents are obtained in respect of that person as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) ▪ the provider is satisfied on reasonable grounds as to the authenticity of the references referred to in Schedule 2 in respect of that person.
<p>Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff have been written to fulfil missing requirements. This will now be followed up once more.</p> <p>We currently have 90% of required documentation. We aim to have 100% by 1 March 2014. Line Managers will follow up and monitor.</p> <p>Spreadsheet of status to be reviewed monthly until completion.</p>	<p>1 March 2014</p> <p>Ongoing</p> <p>Ongoing</p>