

Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	St Patrick's Hospital
<b>Centre ID:</b>	0582
<b>Centre address:</b>	Wellington Road
	Cork
<b>Telephone number:</b>	021-4501201
<b>Fax number:</b>	021-4501619
<b>Email address:</b>	info@stpatricksmarymount.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	St Patrick's Hospital (Cork) Ltd
<b>Person in charge:</b>	Kathleen Harte
<b>Date of inspection:</b>	1 September 2010
<b>Time inspection took place:</b>	<b>Start:</b> 10:30hrs <b>Completion:</b> 20:00hrs
<b>Lead inspector:</b>	Caroline Connelly
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

**Additional inspections** take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- 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 received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- **for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.**

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

St Patrick's Hospital opened in September 1870 and has since provided a general hospital service to the population of Cork, caring mainly for people with cancer and tuberculosis. Today the centre provides long-term and respite care facilities mainly for residents over the age of 65. As well as offering residential services for older people, there is a full palliative care programme on the campus in Marymount Hospice, a specialist unit established in 1980 and an education centre offering a range of educational programmes which includes academic, continuing professional development and in-service education. Together these services make up St Patrick's Hospital (Cork) Ltd.

This inspection focused on the residential care only, but many administrative, catering, and laundry services are shared across both services.

There are three wards in the hospital dedicated to the care of the older adult which can accommodate 61 residents. Resident facilities are on three floors, access is via a number of stairs and two lifts. St Camillus ward can accommodate 22 residents and has three single bedrooms, five twin-bedded rooms and two multiple-occupancy rooms. St Anne's ward can also accommodate 22 residents and has two single bedrooms, three twin-bedded rooms and three multiple-occupancy rooms. St Johns ward can accommodate 17 residents and all residents are accommodated in two multiple-occupancy rooms, one of which is sub-divided into three sections. Assisted toilets, bathrooms and showers are located at various points throughout the ward areas. St John's ward does not have any separate dining or living room facilities. St Anne's ward has a day room and dining room area in the conservatory. There is wheelchair access available from here to the garden area. St Camillus ward has a day room with a balcony area where residents can sit out in the fine weather. There is also a large activities' room for use by all residents. The hospital has a beautiful chapel and mass takes place daily.

There are extensive grounds with landscaped gardens to the front of the building. Limited car parking is available to the front and side of the building.

There are plans for the closure of the current hospital and the transfer of the residents to a new purpose-built facility in Curaheen, Cork, in 2011.

### Location

The hospital is situated in a residential area on a hill in Cork city giving extensive views out over the city. It is close to shops, banks and local amenities and easily accessible using public transport.

<b>Date centre was first established:</b>	1870
<b>Number of residents on the date of inspection:</b>	59

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	32	16	9	2

**Management structure**

St Patrick’s Hospital is a voluntary hospital governed by a Board of Directors. The Chief Executive Officer (CEO), Kevin Dwyer is the Registered Provider. The Person in Charge is Kathleen Harte, Assistant Director of Nursing, who reports to the CEO. There is also a team of management personnel that support the Provider and Person in Charge, which includes a Finance Manager, a Human Resource Manager and a Catering Manager, all who have a team of staff reporting to them.

All nursing, healthcare assistants, some clerical and ward-based catering staff report directly to the Person in Charge.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering and Cleaning staff</b>	<b>laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	6	12	6	2	1	*

\* There are a number of management, administrative, catering, maintenance, laundry and other staff that work for the overall hospital and part of their time would be allocated to the care of the older person facilities.

## Summary of findings from this inspection

This report sets out the findings of an unannounced, regulatory monitoring inspection which was the first inspection of this centre to be carried out by the Health Information and Quality Authority's Social Service Inspectorate. The inspector focused on key aspects of governance, resident care and environment to assess the extent to which the management of care ensured positive and safe outcomes for residents.

The inspector met with residents, relatives, the person in charge, the registered provider, the medical officer, the finance manager, the human resource manager, clinical nurse managers (CNMs), staff nurses, care staff, catering, laundry, administration and other members of staff.

Records reviewed included care plans, complaints, accident and incidents log, fire safety records and staff records including training policies and procedures.

The inspector observed that residents appeared to be very well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. The inspector was satisfied that the nursing, medical and other healthcare needs of residents were met and the nursing care was of a high standard. Nursing staff were very familiar with residents' care needs; however, these were not fully documented and assessment and care planning was not reflective of the person-centred approach to care. There was also a need to involve residents in their care planning.

The person in charge is involved in the day-to-day running of the centre and was seen to be committed to improving the service for residents.

A variety of social and recreational activities were available to residents, and residents spoke of their enjoyment of these.

A number of improvements were required to comply with 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*.

Significant improvements were identified by the inspector in the challenges posed by the structure and layout of the physical environment, which the inspector was informed would be addressed by the move to the new purpose-built unit in 2011. Other areas for improvement include:

- complaints management
- staff files
- care planning
- policies and procedures
- medication management.

The above are outlined in the Action Plan at the end of the report.

### **Comments by residents and relatives**

A number of residents were spoken to throughout the inspection. The feedback received from them was very positive and indicated that they were very satisfied with the care provided and the staff providing that care.

Residents were very complimentary about the food and said there were plenty of snacks and drinks available between meals if they wanted them.

The inspector spoke to a couple of relatives. One relative told the inspector that "the care here is excellent; staff are first class and are always there for my relative". Relatives described how they always feel welcome when they visit. One relative said they he was looking forward to the move to the new facility as he feels that the bedrooms will be bigger with en suite facilities and all other facilities will be much better.

## Governance

### Article 5: Statement of purpose

There was a comprehensive written statement of purpose available which contained the information as required in the regulations.

A very informative Residents' Guide/information booklet was available detailing all the services provided and provided valuable information, but it did not include a contract for the provision of services and facilities by the registered provider as is required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

### Article 15: Person in charge

There has been a change of person in charge over the past year due to the retirement of the director of nursing in 2009. Since December 2009, Kathleen Harte, assistant director of nursing in the centre, had been appointed as the person in charge on an acting basis and the provider informed the inspector that he has been successful in recruiting a new director of nursing who is to commence employment in the next number of weeks. A second assistant director of nursing covers for the person in charge in her absence and clinical nurse managers take charge of the centre at the weekends, with two further assistant directors of nursing taking charge at night time.

The person in charge displayed a clear understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and showed an acute awareness of the challenges facing the hospital to be in line with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. She outlined areas where improvements had been made; examples of these include the development of a statement of purpose and function, setting up an advocacy service, residents' committee and the development of new policies and procedures.

The person in charge demonstrated a commitment to quality improvement through regular audits of the service provided. The person in charge visited all the wards on a regular basis daily and was very knowledgeable about the residents, addressing each of them by their name and was able to tell the inspector detailed information about the residents. Residents responded very well to the person in charge, welcoming her back from her holiday.

### Article 16: Staffing

Staffing rosters were reviewed and confirmed with actual staff on duty. The inspector observed sufficient numbers of staff and skill mix to meet the needs of the residents.

Relatives, residents and staff spoken to confirmed that there were enough staff on duty both day and night. Staff indicated and demonstrated that they had a good system in place and always made time to talk to residents and to see to their needs. There was a very low turnover of staff evident and staff confirmed they enjoyed working in the centre.

There is an education centre in St Patrick's Hospital which was founded in 1987 and is part of the service provided by a specialist palliative care unit. 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 found that there was a good level of appropriate training provided to staff, and staff were supported and encouraged to keep their knowledge base current. All staff had completed mandatory training in moving and handling, fire training and evacuation and hand hygiene. Although some staff had received training in elder abuse, not all staff had received this mandatory training.

A large number of the care staff have completed Further Education and Training Awards Council (FETAC) Level 5 courses and others are in the process of completing same. A number of nursing staff have completed postgraduate diplomas in palliative care and the higher diploma in gerontology.

Further areas of completed training identified included:

- wound care
- continence promotion
- nutritional training
- sonas
- issues in caring for the elderly
- go for life
- infection control
- communication skills
- pain management
- gerontological nursing conference.

The human resources manager outlined to the inspector the comprehensive recruitment policies, procedures and practices used in St Patrick's. The inspector viewed the staff handbook which was very comprehensive.

The inspector viewed a number of staff files, many of which were found to be comprehensive. There was evidence that garda síochána vetting had been applied for all staff employed since 2007 but not for staff employed prior to this date, also three references and medical fitness were not present for all staff.

Staff development and appraisal systems were not carried out. The human resources manager stated that they had not taken place but were high on her agenda to implement.

All staff spoken to had an awareness 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*. Copies of the Health Act 2007 and standards were seen to be available for staff.

### **Article 23: Directory of Residents**

There was a bound directory of residents maintained but it did not contain details of where residents were discharged to or record the cause of death and therefore does not contain the full details that meet the requirements of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

### **Article 31: Risk Management Procedures**

The inspector saw that there was a comprehensive log of all accidents and incidents that took place and that the appropriate notifications were made to the Chief Inspector as required by legislation. The person in charge has completed audits on resident accidents and incidents and these, along with audits of medication, are presented in a report format to the executive committee on a monthly basis. The results of these

audits were also discussed with all staff to heighten awareness and identify trends; inspectors were informed that there have been changes and improvements made to practice as a result, leading to a reduction in the number of accidents.

As part of the centre-specific safety statement there was a risk management policy which covered clinical and non-clinical risk. This statement also dealt with risks to the environment and set out actions to manage these.

There is a health and safety committee which is led by the CEO with representation from all areas of the hospital. The hospital health and safety representative is the maintenance assistant. Minutes of the meetings of 6 May 2010 were seen by the inspector with issues discussed from all areas of the centre.

There is an emergency plan in draft which needs to be finalised and rolled out to all staff as soon as possible and staff need to demonstrate their knowledge of what to do in an emergency situation in accordance with this plan. The regulatory requirement for an emergency plan is reflected in the Action Plan at the end of this report.

### **Article 39: Complaints**

There is a policy and procedure for making, investigating and handling complaints. The policy is displayed in all the ward areas. The nominated person for dealing with complaints is the finance manager. The inspector viewed a comprehensive complaints log with evidence of how complaints were investigated and the outcome of same. Also at ward level, complaints are all documented, investigated and feedback is given to the complainant. The person in charge informed the inspector that complaints are discussed at staff meetings and informed changes to practice. However, there is no in-house appeals person identified if the complainant is not satisfied with the outcome of the investigation, as is required by legislation.

### **Article 36: Notification of incidents**

The person in charge has notified the Social Service Inspectorate of incidents as required by Article 36.

## Resident Care

### Article 9: Health Care

There is a medical director available three hours per day, five days per week to provide medical care to the residents. The inspector spoke to the medical director who informed her that she reviews all the residents on a regular basis. Medications are reviewed with the pharmacist at least every 12 weeks, and sooner if required. This was seen on the medication charts and in the medical notes. The inspector observed the medical officer moving from ward to ward and seeing the residents as she went along. 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 multi-disciplinary approach to care evident with regular meetings of different disciplines to discuss residents' care one day per week. These meetings include the medical director, the nursing staff, the physiotherapist, the activities manager, the pharmacist and any other relevant disciplines and staff reported these to be very effective in planning and reviewing care.

There is a dedicated physiotherapist for the residential care wards and a well equipped physiotherapy department. The physiotherapist told the inspector that she is involved in assessing and treating all residents as required and there is an open referral system. She also assists the activities manager with an exercise group for the residents, Go for Life and can have up to 20 residents in a group. The residents told the inspector how much they enjoyed the exercise groups and found it beneficial for their movements.

There is a regular podiatry service available one day per week. 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.

A hairdresser visits the centre regularly and residents also have the option of going out to their own hairdresser if required.

There is an activity programme in place and there has been an increase in recreational activities following the appointment of the activities manager. The programme includes

bingo, Go for Life, music afternoons, Sonas, social outings, cinema evenings, beauty care and individual activity programmes. A number of volunteers from the community come in and spend time with the residents; the inspector saw one resident having her hair done by a volunteer with great interaction between the volunteer and the resident. Other volunteers provide a personal shopper service, allowing residents to buy toiletries, sweets, etc.

There is a residents' committee in place called the residents' advocacy group and it is run by a volunteer advocate. This allows residents the opportunity to have a say in the running of the centre, share their views and discuss relevant items. Residents also informed the inspector that they can talk to the nurses and the person in charge whenever they need to.

Inspectors observed good communication between staff and residents. Staff frequently sat with residents and talked with them. Inspectors were impressed by the in-depth knowledge of residents that staff possessed; staff also knew most of the relatives who visited.

Residents informed the inspector that their religious needs are well catered for. There is a chaplaincy department within the hospital. It works with other disciplines in providing a holistic service that is geared to total patient care, and in addition to daily mass being available the following are also available:

- pastoral visitation providing accompaniment and pastoral counselling
- accompaniment during terminal illness, death and dying, inclusive of prayer and ritual
- bereavement support during the acute bereavement period leading up to, during and following death
- family support during the patient's stay
- prayer services following death, assisting, where necessary, in funeral arrangements and removal service to the church
- organising bereavement mass and services on an ongoing basis
- staff support.

The inspector reviewed a number of care plans and although the quality of assessment and care planning was of an acceptable standard, resident care plans were not fully reflective of the psychological and social needs of the resident and needed to be more individualised. Care plans were generally not developed and agreed with the resident or his or her representative (in the case of residents who had cognitive impairment).

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

The ordering and prescribing of medications was in line with best practice. There is a pharmacy in the hospital with a full-time pharmacist employed. Regular auditing of prescription charts and medication management takes place.

Photographic identification was present on all prescriptions examined. The medication trolley was secured to the wall by lock and chain in the nurses' station. A medication refrigerator was stored in the clinical/treatment room and records of temperatures recorded were viewed.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurse displayed a good knowledge of medications and the procedure outlined for administration. However, the inspector accompanied another nurse on a medication round and although general best practice in administration was observed, the nurse signed for the medications administered before giving them to the resident and before she had ensured the resident had taken the medications, she actually left the medications with the resident and left the room. This practice would not be in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007) and could lead to medication errors.

#### **Article 6: General Welfare and Protection**

Some staff informed the inspector that they had viewed the Health Service Executive (HSE) video on elder abuse and were aware of what to do if an allegation of abuse was made to them, but not all staff had received this training.

The inspector viewed a comprehensive draft policy on residents' private property dated 10 August 2010.

The inspector viewed the records of residents' finances and valuables kept in the safe for safekeeping for residents, and found they were all stored and documented in line with best practice, but the inspector found that when residents withdrew money for petty cash this was only signed by one member of staff and not by the resident, no receipts were available for the spending of this money and the practice was in contradiction to the policy. The financial assistant told the inspector that the financial records are not subject to regular internal and external audits.

#### **Article 20: Food and nutrition**

Meals are prepared in the central kitchen and delivered to each ward. The kitchen was clean, well laid out and organised. Staff working in the kitchen had received Hazard Analysis Critical Control Point (HACCP) training. The kitchen was well stocked with ample food supplies. Home baking was evident with freshly baked cakes. An up-to-date list of all residents' specific dietary requirements was maintained in the kitchen. Puréed, liquidised and special diets were all individually documented and the inspector noted that residents received a meal appropriate to their requirements on the day of inspection.

Each ward has a small kitchen where snacks are prepared and from where meals are served.

The risk of weight loss was well managed. Residents had their weight recorded each month, dietary intake recorded and supplements used as required.

The quality and presentation of meals was of a good standard, confirmed by the inspector who sampled the food. The inspector saw staff assisting residents, where necessary, whilst maintaining residents' independence. The menu was only displayed in the kitchens on each unit and not available in the resident areas or displayed at various notice boards throughout the wards. Residents informed inspectors that they had a choice of main meals and that staff took their order for the following day; they also said that if they did not like what was on the menu they could have something else but would like to have a daily menu to remind them what was on that day.

Inspectors observed that meal times were very early with lunch served on the day of inspection before 12:00hrs. If a resident had a lie-in then breakfast and lunch would be served very close together. Tea is served at 16:15hrs, again very early for residents who do not retire to bed until late in the evening.

Plenty of jugs with water and juices were seen throughout the resident areas and on residents lockers and residents confirmed they had regular drink rounds.

## Environment

### Article 19: Premises

Management and staff had taken significant steps to ensure infection prevention and control measures were in place. 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 present at the entrance to the building and throughout all staff and resident areas and staff were observed to be using them appropriately. A good level of cleanliness was maintained.

There is a maintenance team employed who respond to all the day-to-day maintenance of the building, grounds and equipment. The waste management system was well managed and secure.

The laundry was viewed by the inspector and best practice was abided by in the laundering of linen and personal belongings.

The privacy of residents was respected as much as possible while they were being assisted with personal care, as staff were observed to always pull curtains or screens between beds. However, privacy and dignity was compromised and numerous challenges are posed by the structure and layout of the physical environment to meet the individual needs of the residents; some of the items identified include:

- multi-occupancy accommodation with one bedroom accommodating up to 11 residents in St John's ward and six residents in St Anne's ward had limited area surrounding the beds for private space or storage of personal items
- no dining room or living room space for residents in St John's ward
- no private area apart from bedrooms to receive visitors in private
- the shower/bath facilities in St John's ward are very far away from the bedroom area which can compromise residents' privacy especially as they have to pass the main entrance to the ward and the main stair area
- the chemical store and clinic rooms were not locked and residents could have easy access to dangerous chemicals
- overall a lack of storage space for equipment which was stored on the corridors.

### Article 32: Fire Precautions and records

Procedures for evacuation in the event of fire were posted throughout the building. Documentation on fire safety practices were recorded and found to be satisfactory. The fire policy was dated August 2010.

Evacuation chairs provided to be used in the event of a fire were seen throughout the wards.

Records of staff attendance at training in fire safety and evacuation were reviewed by the inspector and seen to have taken place at various dates during 2009 and 2010.

The inspector examined the fire safety register with details of all services carried out. Fire fighting and safety equipment had been serviced in May 2010. All fire door exits were unobstructed.

Although staff demonstrated their knowledge of what to do in the case of fire, fire evacuation drills were not completed.

## **Closing the visit**

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

### **Acknowledgements**

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

#### ***Report compiled by:***

Caroline Connelly  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

3 September 2010

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated centres for older people**



**Provider's response to inspection report**

<b>Centre:</b>	St Patrick's Hospital
<b>Centre ID:</b>	582
<b>Date of inspection:</b>	1 September 2010
<b>Date of response:</b>	5 October 2010

**Requirements**

These requirements set out what the registered provider must do to meet 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*.

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

The training records reviewed by inspector showed that not all staff had attended elder abuse training.

**Action required:**

Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence based practice.

<b>Reference:</b> Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Elder abuse training is currently carried out on induction for nursing staff and healthcare assistants only.</p> <p>Our plan is to extend local training on elder abuse to all staff and ensure relevant records are kept.</p>	<p>Immediate</p> <p>31 March 2011</p>

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The physical design and layout of the building was not suitable for purpose and did not allow for adequate private and communal accommodation:</p> <ul style="list-style-type: none"> <li>▪ the multi-occupancy accommodation, with one bedroom accommodating up to 11 residents in St John's ward and six residents in St Anne's ward, had limited area surrounding the beds for private space or storage of personal items</li> <li>▪ no dining room or living room space for residents in St John's ward</li> <li>▪ no private area apart from bedrooms to receive visitors in private</li> <li>▪ the shower/bath facilities in St John's ward are very far away from the bedroom area which can compromise residents' privacy especially as they have to pass the main entrance to the ward and the main stair area</li> <li>▪ the chemical store and clinic rooms were not locked and residents could have easy access to dangerous chemicals</li> <li>▪ overall a lack of storage space for equipment which was stored on the corridors.</li> </ul>
<p><b>Action required:</b></p> <p>The size and layout of rooms occupied or used by residents must be suitable for their needs.</p> <p>Provide privacy insofar as reasonably practical to the extent that the resident is able to undertake personal activities in private.</p>

<b>Action required:</b>	
Provide adequate sitting, recreational and dining facilities for residents.	
<b>Action required:</b>	
Provide suitable facilities for residents to meet relatives in a private area separate from a resident's own bedroom.	
<b>Action Required:</b>	
Review risk management in line with best practice in the correct storage of chemicals.	
<b>Action required:</b>	
Make suitable provision for storage in the centre, including suitable storage facilities for the use of residents.	
<b>Reference:</b>	
<ul style="list-style-type: none"> <li>Health Act 2007</li> <li>Regulation 10: Residents' Rights, Dignity and Consultation</li> <li>Regulation 19: Premises</li> <li>Standard 4: Privacy and Dignity</li> <li>Standard 25: Physical Environment</li> </ul>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The shortcomings in the physical environment can only be fully addressed when the service relocates to the new hospital in June 2011. In the meantime, a conference room is being converted into a multi-purpose room that will provide a private lounge area for residents and their visitors.</p> <p>Chemicals are now secured in locked cupboards.</p>	<p>31 October 2010</p> <p>Immediate</p>

**3.The provider has failed or is failing to comply with a regulatory requirement in the following respect:**

Resident care plans were not fully reflective of all of the needs of the residents and were not always discussed and developed with the resident or his/her representative.

**Action required:**

Residents' 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 and other staff as appropriate.

**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 time scales**

**Time scale**

Providers response:

This area of practice was already under review. Since the inspection, care plans have been discussed at our elderly care strategy group meeting. It has been agreed to establish a sub-committee with key stakeholder involvement to devise innovative ways to ensure person-centred care planning is implemented.

Process commenced 30 September 2010, to be completed and in place by March 2011

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

Some medication prescription practices were not in keeping with national guidelines and regulations.

**Action required:**

Ensure nurses follow best practice guidelines in the administration of medications at all times.

<b>Reference:</b> Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Additional training in medication management will be held locally.  A medication management audit tool will be devised.  Internal audit in the area of medication management will commence when the audit tool is available.	Immediate  30 November 2010 31 December 2010

<b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b>  A full emergency plan is not in place.	
<b>Action required:</b>  Develop an emergency plan which contains the requirements of the regulations.	
<b>Reference:</b> Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  An extended emergency plan will be finalised and launched.  Training on the emergency plan will be provided to all staff. New staff will receive appropriate training as part of induction training.	30 November 2010  31 March 2011

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The complaints procedure was not in line with the regulations as no internal appeals process was identified.</p>	
<p><b>Action required:</b></p> <p>Provide written operational policies and procedures relating to complaints, in accordance with current guidelines and legislation.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The complaints policy has been amended to provide for an internal appeals process, through the Chairperson of the Board of Directors, adding another stage to the internal complaints procedure.</p>	<p>Implemented</p>

<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The directory of residents was maintained but did not contain the place of discharge of residents or the cause of death of a resident as required by the regulations.</p>	
<p><b>Action required:</b></p> <p>Update the directory of residents to include the information specified in Schedule 3 of the regulations.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The directory has been changed to an electronic version and there is now a column for place of discharge and cause of death.</p>	<p>Implemented</p>

<p><b>8. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There were no staff appraisal systems in place.</p>
<p><b>Action required:</b></p> <p>Develop an appraisal system for all staff that will support staff learning and professional development.</p>
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 17: Training and Staff Development  Standard 24: Training and Supervision</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A policy on appraisals will be drawn up by the HR Department in consultation with heads of department and key staff.</p> <p>Training on appraisals and appraisal awareness will be provided to all staff.</p> <p>Appraisals will commence prior to the move to the new hospital.</p>	<p>31 January 2011</p> <p>31 March 2011</p> <p>31 May 2011</p>

<p><b>9. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>A number of personnel files did not have copies of three references, evidence of Garda Síochána vetting documents, or medical evidence of fitness to work.</p>
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<b>Action required:</b>	
Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 2.	
<b>Reference:</b>	
Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
All personnel files will be audited.	31 October 2010
Garda Síochána vetting forms will be issued to staff not previously vetted and returned to the HR Department.	30 November 2010
Three references will be sought as necessary.	30 November 2010
Medical clearance forms will be given to staff where necessary and returned to HR.	30 November 2010
All personnel files will be re-audited.	31 January 2011

<b>10. The provider has failed to comply with a regulatory requirement in the following respect:</b>
Staff did not abide by best practice in the protection of residents' finances in that withdrawals of residents' monies were not countersigned by the resident or by a second member of staff.
<b>Action required:</b>
Signed records and receipts are to be kept of all items handed over for safe-keeping including when these items are withdrawn in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

<b>Reference:</b> Health Act 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The appropriate amendments to policy and procedure in respect of the aspect of personal finances criticised have been introduced.	Implemented

<b>11. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Residents did not have a choice around mealtimes and mealtimes were very early. Menus were not readily available for residents to see daily.	
<b>Action require</b>  Change the times of meals to ensure that residents have a reasonable choice around mealtimes and are facilitated to have access to daily menus.	
<b>Reference:</b> Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A multi-disciplinary working group will be established immediately to review mealtimes and obstacles to be overcome to introduce the necessary changes.  The consultation stage is expected to last for one month.  Dialogue with staff representatives will be conducted over two months.	31 October 2010  November 2010  December 2010- January 2011

Final proposals will be presented to management and unions.	February 2011
Mealtimes will be changed at the end of the process.	30 April 2011
Irrespective of mealtimes, menus will be readily available to all residents.	31 December 2010

<b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Fire drills were not being held.	
<b>Action required:</b>	
Ensure by means of fire drills and practices at regular intervals that staff are aware of the procedure to be followed in the event of a fire.	
<b>Reference:</b>	
Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The fire safety management plan and the fire policy have been signed off by the board of directors and are now in force.  Fire drills will be held on a ward-by-ward basis during October and November 2010.	Completed  30 November 2010

**Any comments the provider may wish to make:**

**Provider's response:**

This was the first time that the hospital was inspected by an external agency. We found the process to be extremely helpful, professionally conducted, fair, and properly focused on the patient.

The staff worked hard in preparing for inspection, and I take this opportunity to thank them for all their efforts in ensuring that the level of care in St Patrick's is demonstrably of the highest standard. The inspection confirms that high standard, while pointing out ways where we can seek further improvement.

We look forward to moving to our new premises in 2011, when the environmental shortcomings will be addressed fully, and we will be able to offer modern accommodation and facilities that fully meet the needs of our patients. In the meantime, we will work to implement the changes in the other areas identified in the inspection report in accordance with the timeframes listed.

**Provider's name:** Kevin O'Dwyer  
Chief Executive Officer  
St Patrick's Hospital (Cork) Ltd.

**Date:** 5 October 2010