

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St Patrick's Hospital Cork Ltd	
Centre ID:	0582	
Centre Address:	Waterfall	
	Curraheen Road	
	Cork	
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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 in charge:	Sarah McCloskey	
Date of inspection:	15 March 2011 and 16 March 2011	
Time inspection took place:	Day-1 Start: 09:20hrs Day-2 Start: 09:15hrs	Completion: 20:00hrs Completion: 19:00hrs
Lead inspector:	Caroline Connelly	
Support inspector(s):	Breeda Desmond	
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

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 1982 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. The centre is registered for the care of 61 residents. There were 57 residents living there on the day of inspection two of these residents were under the age of 65.

The use of the current premises is due to cease and the service is to be transferred to a new purpose-built unit, which is to open in Waterfall road, Cork. The provider has applied for registration for this unit and plans are in place for a move in September 2011.

St Patrick's is a three-storey purpose-built designated centre. All floors are accessed by a number of lifts and a number of sets of stairs. The centre is made up of three wards/units that provide continuing care which are St Anne's Ward on the lower ground floor, St John's Ward on the ground floor, and St Camillus' Ward on the first floor. The palliative care services are in a separate block to the west of the continuing care wards with some shared clinical facilities for both services on the ground floor which include physiotherapy, hairdressing, podiatry, medical consultation rooms, occupational therapy, and treatment room. The palliative care wards are on the first floor and second floor.

The continuing care wards are currently made up of 17 single rooms with en suite facilities of a toilet wash-hand basin and shower. Two of these single rooms are isolation rooms and two are bariatric rooms which will provide larger beds and facilities to accommodate residents who have increased body mass index. There are currently two four-bedded rooms with full en suite facilities but one of these is to be converted partially or completely to provide a sitting room and the other four-bedded room is to be used to accommodate respite residents. There is a small dining room and a small smoking room which has adequate ventilation. At the entrance to the wards is a nurses' station and bedroom areas are accommodated down two corridors which can be seen from the nurses' station. A large assisted bathroom with a Jacuzzi bath and a number of assisted toilets are provided for residents' use.

There is a well laid out activity department away from the ward areas with dining and sitting and therapy areas. Other communal areas provided for resident use include a central large modern oratory for use by all of the services and an additional prayer room. High quality visitor's overnight accommodation was provided in the case of relatives needing to stay over night when there are end-of-life situations.

Seating areas are also to be provided at various points on the corridors and outside the ward areas.

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

Large car parks are available to the front and side of the building.

Location

The current 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.

The new centre is located on a green belt area in Waterfall road to the south west of the city. Providing views of the countryside, access is available on the public transport system.

Date centre was first established:	Existing Centre: 1870 New centre: 2011
Number of residents on the date of inspection	Existing Centre: 57 New centre: Unoccupied
Number of vacancies on the date of inspection	Existing Centre: 4 New centre: Unoccupied

Dependency level of current residents	Max	High	Medium	Low
Number of residents	26	17	9	5

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 Sarah McCloskey who is the Director of Nursing for the older person services and the palliative care services. She is supported in her role for the older person services by Kathleen Harte, Assistant Director of Nursing (ADON) and a team of Clinical Nurse Managers (CNM's). A second assistant director of nursing has responsibility for the palliative care services but will also act up in the older persons services as required. 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 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 and a Catering Manager, all who have a team of staff reporting to them.

All nursing, healthcare assistants and ward-based catering staff report directly to the Clinical Nurse Manager of each ward to then report to their line manager accordingly.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	5	11	6	1	1	1***

* Plus one acting director of nursing (ADON)

** Plus three CNM2

*** One activities nurse

Note: There are a number of management, administrative, pharmacy, 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

St Patrick's Hospital was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 1 September 2010. This was an unannounced, regulatory monitoring inspection which identified areas of good practice and areas where improvements were required particularly related to care planning, staff training, staff records, mealtimes and policy and procedure formation. These issues were assessed by inspectors on this registration inspection, carried out on 15 March 2011 and 16 March 2011 and were found to have generally been addressed but further work was required with regards to staff files and with care planning. An advisory visit was undertaken on the new building at Curaheen in 2010 where an inspector met with the person in charge and was given a thorough tour of the building. The chronology of the Authority's previous inspections is included at the end of this report.

This report outlines the findings of the announced registration inspection. The provider had applied for registration under the Health Act 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This inspection was divided between the current centre, St Patrick's Hospital in Wellington road, and the new centre in Curaheen. Inspectors met with residents, relatives, the provider, person in charge, the assistant director of nursing, CNM2s, activities nurse, staff nurses, health care assistants and other staff members. Records were examined including care plans, medical records, complaints log, accidents and incidents records, and fire safety records, staff records including training records, policies and procedures.

Inspectors interviewed the registered provider and the person in charge as part of the registration process. They demonstrated a clear commitment to quality care delivery and continuous improvement, and had extensive 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 employed on a full-time basis and is involved in the day-to-day operations of the centre.

Inspectors examined the quality of care, service delivery, practices, procedures and management primarily in the current centre as the new centre was not operating as it is awaiting registration. With regard to premises and equipment and associated issues, inspectors focused on the new residential centre and closely examined the unoccupied new building. The new building was of a high standard but required some further consideration to provide communal space and to create a homely atmosphere.

An inspector spoke with staff on duty and found that they were knowledgeable about care of the older person and this was confirmed by the care practices observed. There was evidence that residents received a good standard of service, appropriate treatment and were treated with dignity and respect.

Staff described an open relationship with the person in charge and other senior managers and could readily bring matters to their attention.

The inspectors were satisfied that the nursing, medical and other healthcare needs of residents were met and the nursing care was of a good standard. Nursing staff were familiar with residents' care needs; however, social and personal care preferences were not fully documented and there was a need to involve residents more in their care planning.

There was good evidence of a system of monitoring and review of accidents and incidents and the learning and improvement in the quality of care provided as a result.

The Action Plan at the end of this report identifies areas where improvements are needed to meet 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*.

These include:

- the provision of adequate sitting and dining space for the residents in the new building
- the submission of the fit person entry programme as part of the registration inspection
- further work on some key documents related to risk assessments and health and safety statements
- staff files
- residents' involvement in their assessments and care planning
- the provision of mandatory training for all staff
- the provision of assessments and documentation on restraint
- provision of operational plans for the move to the new build.

Comments by residents and relatives

Residents

Inspectors received and reviewed six questionnaires completed by residents. Inspectors also met and spoke with many residents during the inspection which included talking to a large group of residents together in the activity room and interviewed a further four residents in private.

Residents expressed satisfaction with their day-to-day lives in St Patrick's. They stated that they liked the food provided and that they were delighted that they now have more choice on the menu with two different main courses every day. Residents also told inspectors that the mealtimes are changing to later times with

lunch now around 13:00hrs and tea at 17:00hrs which they welcomed with one resident stating they are normal times now.

Residents indicated that they were treated with respect and kindness and that they felt safe. Some replies included: "I feel safe and well protected" "I have a great sense of security with pleasant staff" "The staff are very good here". "Staff are excellent and very friendly".

All residents interviewed indicated that the staff ensured they had privacy in all aspects of personal care, when being examined by a doctor and when their healthcare and other needs were being discussed, but felt it was difficult at times due to the multi-occupancy rooms. One resident said she would love her own en suite facilities. The residents' group and individual residents spoke of the move to the new building and although some expressed anxiety about the move, overall there was a sense of optimism and looking forward to the facilities the new building will offer them. One resident told the inspector she was present for the turning of the first sod for the new build so looking forward to see what it turned out like.

When asked how they like to spend their day, one resident told inspectors that he liked watching television especially the racing and the news, attending mass and the music sessions. Another resident said he enjoyed going out and looking out on the gardens. Other residents described all the organised activities they enjoyed doing including exercises, Fit-for-Life, reading the daily paper, music sessions, quizzes, physiotherapy, flower arranging and bingo. One resident told inspectors that she liked visiting her sister upstairs in the centre and also liked to chat with other residents and staff. Others described the trips out with staff and said the activities have improved greatly and continue to improve all the time.

Residents all expressed great satisfaction with how their medical needs were met and were very complimentary with regards to the attending medical officer. Residents were satisfied with how their clothing was looked after and felt they always came back from the laundry.

Relatives

Inspectors received and reviewed four completed questionnaires from relatives and also met and spoke to a couple of relatives during inspection. Relatives were generally very positive about the experiences they had since their family member's admission. A number of relatives had viewed the centre and met the staff prior to admission and a number of residents had been coming in for regular respite so were very familiar when they were admitted for long-term care.

When asked about the staff one relative said "all staff are great and there is open communication." Another relative told inspectors that "his relative is most happy here and he would give St Patrick's 100% and staff are also very good to me"

When asked about visiting, relatives told inspectors that there is a very friendly and comfortable feeling when you visit. Other relatives said they were made to feel welcome when they visited.

Relatives said they felt that the healthcare needs of their family member were met, and that they were always contacted by staff if there was any change or new illness.

When asked if the centre provided suitable activities, all relatives said "yes" and others said that the level of activities was very good and were very complimentary to the activities nurse.

Relatives said they would talk to the clinical nurse managers, person in charge, deputy or staff nurses if they had a problem or a complaint and said that they felt they would be listened to.

Overall most relatives expressed great satisfaction with the care and the staff.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The registered provider and the person in charge are actively involved in the day-to-day running of the centre. They 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*. They were working to develop and implement centre-specific policies and procedures in compliance with these. They were proactive in addressing requirements identified in their previous report. They displayed a strong and clear commitment to continuous improvement in quality person centred care through regular audits of all aspects of resident care and provision of staff training. The person in charge was only in post since September 2010 but was very knowledgeable about the residents and visited all the wards on a regular basis. She was able to tell the inspector detailed information about many of the residents. She is a registered general nurse and holds a Masters of Science Degree.

There were copies of the legislation and the *National Quality Standards for Residential Care Settings for Older People in Ireland* in the nurses' and management offices. Staff who spoke with the inspectors was well informed and knowledgeably discussed the challenges facing the centre whilst referencing the legislation and the standards.

The members of the senior team of finance and the head of catering as well as the assistant director of nursing and clinical nurse managers provide substantial support to the person in charge in the delivery of care to the residents.

There was a clear management structure and staff were aware of the reporting mechanisms. Acting up arrangements were comprehensive, for both day and night duty. The assistant director of nursing was in charge when the person in charge is off duty. A second assistant director of nursing covers in their 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. Staff were aware via the management rota who is on duty and they informed inspectors that they have easy access to their phone numbers to contact them in any situation where they are unsure what to do.

Notifications were sent to the chief inspector as outlined in the regulations. Inspectors reviewed these notifications prior to inspection and followed up on them during the inspection. The inspectors saw that there was a comprehensive log of all accidents and incidents that took place. The assistant director of nursing 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.

Improvements in residents' finances were seen following on from a requirement in the last inspection report, they are now maintained in accordance with best practice and inspectors viewed the signing in and out book and forms for money or valuables stored on behalf of residents. These records were the subject of audit and checking by the management team.

Residents were provided with a contract of care outlining the terms and conditions of their care. Inspectors viewed a number of signed contracts of care.

There was a new directory of residents maintained since the previous inspection and it was found to now contain details of where residents were discharged to or record the cause of death and therefore does now 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).

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. A member of the board of directors has been nominated as an independent appeals person and has been identified if the complainant is not satisfied with the outcome of the investigation, as is required by legislation.

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.

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 and January 2011. All fire door exits were unobstructed.

Staff demonstrated their knowledge of what to do in the case of fire, a fire evacuation drill was completed in February 2011.

Some improvements required

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, although the majority of staff attended this training, records showed that some staff had not received fire training since 2007 and 2008. Fire certification is required for the new centre.

There was a statement of purpose and function in place which clearly described the aims, objectives and ethos of the centre. The management structure and services provided were set out and other relevant information provided. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. However, the statement of purpose did not include sufficient information for all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The description of services pertained primarily to those residents over 65 years and did not, for example, detail the admission criteria and services for those under 65 and include additional information such as the sizes of rooms and the arrangements made for consultation with residents to meet the requirements of the legislation.

Proper measures were in place in the current centre to manage risk such as having a health and safety statement that identified hazard areas, the use by staff of appropriate risk assessment tools for residents and comprehensive fire safety practices and the recently re-established safety committee. However, there was no evidence of written risk assessments and associated identification of hazards and any required controls for the new centre.

Up to date details of insurance cover for the new centre were not available.

A comprehensive operational plan for the commencement of the service was not available. Clear timeframes had not been set such as when the kitchen facilities were to be tried and tested; how long before the first admission were staff going to be in place and the nature and time of the induction process for staff.

The fit person self assessment document was not completed and returned as is required to complete the registration application. There had been a mix up and they thought it had been returned.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

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. Following the last inspection where residents and inspectors identified that the mealtimes were too early and residents were not given a full choice of meals, residents and staff informed inspectors that they were trialling having the meals at around 13:00hrs and 17:00hrs. Residents who spoke to inspectors said these times were much better and more in line with what they would have at home. Residents were also complimentary over the choice they now had and a menu was made available to them.

A hairdresser visits the centre regularly and residents also have the option of going out to their own hairdresser if required. This service is to continue in the new centre with a hairdressing room provided.

There is a comprehensive activity programme in place and there has been an increase in recreational activities following the appointment of the activities manager. The residents were very complimentary about the variety and quality of the activities provided both group and individual. The programme includes bingo; Go for Life, music afternoons, Sonas, social outings, cinema evening, beauty care and individual activity programmes. A number of volunteers from the community come in and spend time with the residents; the inspectors saw a volunteer playing the piano and a very lively sing song and music session took place with great interaction between the volunteer, staff and the residents. Other volunteers provide a personal shopper service, allowing residents to buy toiletries, sweets, etc. The new centre has a purpose-built activity area and the programme is to continue and expand there.

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. Minutes of the meetings reviewed by the inspector showed a large attendance of residents at these meetings. Topics discussed were wide and varied from opinions and requests for different activities and trips, to a full discussion and feedback to residents on the last Health Information and Quality Authority report, to requests for a bell in the

lounge and changes to mealtimes which are in the process of being facilitated. Most meetings had 'the move to the new build' on the agenda allowing residents to ask questions and share their views on their requirements. Residents were very complimentary about the advocacy group and of their weekly meetings. Residents also informed the inspector that they can talk to the nurses, clinical nurse managers 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 resident care. Daily mass is available in the hospital chapel, unfortunately the same provision of daily mass will not be available in the new centre and this will reduce to once a week, but links are being established with the local church to have daily mass from there televised for the residents to the oratory in the new centre.

There was a policy in place on detecting and reporting elder abuse. The training records reviewed by inspectors showed that since the requirement from the last inspection, all staff had attended at least one part of the training. Staff members spoken to by inspectors could give examples of different types of elder abuse and outlined what they would do if they suspected elder abuse at the centre.

A number of residents informed inspectors that the ability to vote in local and national elections was very important to them and that they were facilitated to do that in the centre.

Some improvements required

The dining rooms in the new centre do not provide adequate space for all residents to dine together.

Bedrails are used as a form of restraint on a number of residents but there was no evidence of completed restraint assessment, documentation of when the restraint was applied and when released or residents consent for restraint. A full review of the necessity to use restraint needs to be undertaken with a view to reduce its use and aim towards a restraint free environment.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

There is a medical director available three hours a day, five days a 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. 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 once a 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.

The risk of weight loss was well managed. Residents had their weight recorded on a three-monthly basis, dietary intake recorded and supplements used as required.

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 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.

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.

Some improvements required

The inspectors identified a number of issues with residents' documentation.

The inspector reviewed a number of residents' records including their assessments and care plans. There is a computerised system of documentation in place that staff feel is unsatisfactory and they are currently trialling a new paper version which again they do not feel is working properly for them. The inspector noted that residents' documentation was very fragmented between the computer versions, the new paper version and also various other folders kept separately, examples of such would be their social and recreational assessments kept by the activities nurse and this vital information not available on the ward to formulate the care plan. Wound care charts were also kept separately. This fragmentation of documentation and the current duplication of information could lead to vital information being lost and other errors and is not in line with best practice recommendations.

It was noted that respite residents were not being readmitted on the computer version of documentation which carried on as if the resident had been in the centre although they had been discharged again. This process leads to errors.

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).

Wound care documentation required review and there was no place for signatures and date on the cover sheet.

There was no wound care policy; staff informed the inspector there was a group working on a wound care policy but it was not available to date.

Although photographs of the wound were kept for comparative purposes to note and assess progress or deterioration; there was no consent available for these photographs.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

As the move to the new centre is proposed for September 2011, the staff assured inspectors that many of the systems and processes in the current centre would be implemented in the new centre.

The new centre at Waterfall road was built to accommodate 75 residents, and had included proposed multi-occupancy rooms, which were not in accordance with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, dining room, activities room and other communal areas were inspected.

Resident's 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 a very good provision of storage space with plenty of hanging space, cupboard space and locked storage space to lock away personal possessions as required. All of the bedrooms and en suites had ceiling mounted electric hoists for ease of residents' movements if required.

All bedrooms had access to a balcony or patio off their room with a view out to the gardens and countryside, which would accommodate a table and chairs if the resident wished to sit out in the fine weather.

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

The main kitchen is designed to a very high industrial standard with a modern standard of equipment; including purpose designed enclosed trolleys for the delivery of hot and cold food to the units. While it was not expected that food will be routinely prepared in the units, there are separate small pantry areas for the preparation of snacks and drinks and storage of meals delivered from the main kitchen. These pantries are equipped to a high standard.

Inspectors were informed that most of the laundry with the exception of personal laundry will be contracted out to an external company. There were some laundry facilities in the new centre should they be required.

There was a high level of assistive equipment available for residents' use in the current centre but the person in charge informed the inspectors that they contracted the services of an external company to audit the current beds and mattresses for their suitability for transfer to the new unit and the inspector saw the results of same. Many items of new furniture including tables, chairs, specialist chairs and beds were being trialled in the current centre for purchase for the new centre and the inspector saw purchase orders for numerous items of equipment.

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

There was a variety of communal space provided for resident use but this was away from the ward areas, these areas included a central large modern oratory for use by all of the building, an additional prayer room, therapy and examination rooms and rooms for hairdressing and chiropody. High quality overnight accommodation was provided in the case of relatives needing to stay over night when there are end of life situations.

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

Significant improvements required

The proposed communal space on each of the three wards is not adequate and does not meet the requirements of the legislation that requires adequate sitting, dining and recreational space separate to residents private accommodation.

At present, there is no sitting room in any of the three ward areas. The provider was proposing to convert one of the four-bedded rooms into a twin-bedded room and the rest of that room would be converted to a sitting room, which would measure 40m². This room would not provide enough space for seating all of residents to sit in the room and would be impossible to receive visitors in.

The dining room space was also very small and at a maximum it would only fit three tables of four, therefore there is not adequate space for all residents to come to the dining room at once and two meal sittings will be required. The only other communal space on the ward is a smoking room; there is no provision for a quiet sitting room or a room for residents to meet their relatives in private apart from their bedroom on the wards.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Residents, relatives and staff described an open door approach to communication and were clear about whom they would contact if they had any concerns. A suggestion box was readily available for residents and relatives and the resident advocacy meetings provided a good opportunity for communication which residents described as a great way to talk to staff and other residents.

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.

There was a sign-in and out book for visitors at the entrance to each ward.

The Residents' Guide was viewed and found to be comprehensive. As well as the Residents' Guide, there are also newsletters which are centre-specific, outlining upcoming social events as well as internal news.

There were several notice boards contained, menus, activities programme, information on upcoming events, and health issues.

The inspectors noted that in the new centre each resident will have a multimedia system beside their bed which includes a television, a telephone, and a computer screen with access to the internet and will provide centre specific information such as the daily menu, activities and all other items of interest.

Contracts of care were provided to residents with clearly stated terms and conditions.

The inspectors viewed comprehensive minutes of staff meetings, management meetings, meetings of various committees including the health and safety committee, the quality assurance and risk committee and the design and project team for the new build which took place regularly.

The person in charge and assistant director of nursing were available throughout the day to staff, residents and relatives. Staff interviewed outlined ease of access to the person in charge or assistant director. Residents and relatives stated there was “no problem” talking with staff regarding any aspect of care.

Staff reported that handover reports for all staff are carried out at the change of each shift.

There was evidence of good communication links between nursing and catering staff. Special dietary requirements and residents’ special preferences were documented in the kitchen.

Records were all stored in accordance with best practice. Staff demonstrated their awareness of their legal requirements in the storage of records. Comprehensive records were made available to the inspectors with the person in charge having ease of retrieval of information when requested.

Some improvements required

Policies, procedures and guidelines availability was in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and staff told inspectors that they had recently been updated; however, some of the policies did not contain implementation or review dates. Staff interviewed were not yet familiar with all the policies and their content; a programme was not in place for their implementation into the centre and to all staff.

A number of the policies will require review to be centre-specific to the new build.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Staffing rosters were reviewed and conformed 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 generally 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. This service is to continue in the new centre and the inspectors saw the 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.

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.

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.

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.

The nursing staffs current certifications of registration with An Bord Altranais were viewed by inspectors and were found to be up-to-date.

Inspectors saw, and staff confirmed, that the staff facilities were of a good standard with changing areas, staff toilets and showers, staff dining room and a staff gym in the new centre.

The inspector viewed the staff handbook and the recruitment policies and procedures used in St Patrick's which were comprehensive.

There are numerous volunteers working in the centre who have all been Garda Síochána vetted in line with best practice and legislative requirements

Some improvements required

Although there is a good level of staff training, not all staff had not completed mandatory training in moving and handling in the last three years. The lack of mandatory moving and handling training is putting residents and staff at risk of injury.

Since the previous inspection, the human resources manager has retired and they have been unable to replace the position and although a lot of work had gone into increasing the information in the personnel files, a number of staff files did not contain three references, photographic identification and evidence of medical fitness and Garda Síochána vetting and therefore did not comply with current the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, 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 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

23 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
1 September 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Regulatory monitoring <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St Patrick's Hospital
Centre ID:	0582
Date of inspection:	15 March 2011 and 16 March 2011
Date of response:	18 April 2011

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 has failed to comply with a regulatory requirement in the following respect:

The proposed communal space on each of the three wards is not adequate to meet the needs of the residents, at present there is no sitting room in any of the three ward areas.

The dining room space was also very small and at a maximum it would only fit three tables of four, therefore there is not adequate space for all residents to come to the dining room at once and two meal sittings will be required.

The only other communal space on the ward is a smoking room; there is no provision for a quiet sitting room or a room for residents to meet their relatives in private apart from their bedroom on the wards.

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

Action required:	
Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.	
Action required:	
Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area, which is separate from the residents' own private rooms.	
Action required:	
Provide the Chief Inspector with a plan of mealtimes to facilitate all residents' use of the dining room.	
Reference:	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The layout of the converted four-bedded ward has been revised to provide adequate sitting room space for residents.	Complete
There are five interview rooms available for residents to meet visitors in a private setting, as well as many lounge areas immediately outside the wards.	Complete
The director of nursing will provide a plan for mealtimes, to be implemented in September 2011, but to be trialled in-house after discussion with the Residents Advocacy Group.	30 April 2011

2.The provider has failed or is failing to comply with a regulatory requirement in the following respect:
The inspectors identified a number of issues with residents' documentation: <ul style="list-style-type: none"> ▪ there was fragmentation and duplication of resident's documentation which could lead to errors and vital information being lost and is not in line with best practice recommendations ▪ it was noted that respite residents were not being readmitted on the computer version of documentation which carried on as if the resident had been in the centre although had been discharged again this process leads to errors ▪ 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).

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.

Action required:

Ensure there is a record of the medical, nursing and psychiatric condition of the person at the time of admission.

Reference:

- Health Act 2007
- Regulation 8: Assessment and Care Plan
- Regulation 25: Medical Records
- 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>Providers response:</p> <p>Stage 1: Consolidate and centralise documentation and review assessment tools.</p> <p>Stage 2: Trial assessment tools and care plans.</p> <p>Records of the medical, nursing and psychiatric condition of each resident at the time of admission are now kept.</p>	<p>1 June 2011</p> <p>31 July 2011</p> <p>Completed</p>

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

A number of residents used bedrails at night but there was no evidence of completed restraint assessment, documentation of when the restraint was applied and when released or residents' consent for restraint.

Inspectors were not satisfied that alternatives to using bedrails had been explored fully.

Action required:

The person in charge is to review the policy and practice and aim towards a restraint free environment for all residents. If restraint is to be used as a last resort the staff are to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.

Reference:

Health Act 2007
 Regulation 25: Medical Records
 Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales	Timescale
<p>Provider's response:</p> <p>Review of all current residents has been carried out and practice has been amended appropriately.</p> <p>The hospital's restraint policy is being amended to reflect the changes in practice.</p> <p>Education sessions will be provided for all care staff on the amended practice.</p>	<p>1 April 2011</p> <p>30 April 2011</p> <p>30 April 2011</p>

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

Wound care documentation required review and there was no place for signatures and date on the cover sheet.

Although photographs of the wound were kept for comparative purposes to note and assess progress or deterioration, there was no consent available for these photographs. There was no centre-specific wound care policy available

Action required:

Provide an adequate nursing record of the resident's health and condition and treatment given in accordance with any relevant professional guidelines.

Action required:

Provide a centre-specific policy on wound care to enable staff to provide care in accordance with contemporary evidence-based practice.

Reference: Health Act 2007 Regulation 25: Medical Records 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:
Provider's response: Documentation has been changed to provide space for signatures. A centre-specific wound care policy is being drafted, with consent for photographs of wounds.	Complete 1 June 2011

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A number of documents were missing for the new centre that should be furnished to the Chief Inspector.</p> <p>There was no comprehensive written risk management policy completed for the new centre.</p> <p>Insurance cover was for the existing centre and not for the new centre.</p> <p>A fire certificate was not provided for the new centre.</p> <p>The completed fit person entry programme and related plan for the new centre was not sent in prior to inspection.</p>
<p>Action required:</p> <p>Ensure that the designated new centre has a comprehensive written risk management policy in place and that it is implemented throughout the new centre.</p>
<p>Action required:</p> <p>Ensure that the designated centre is adequately insured against accidents or injury to residents, staff or visitors.</p>
<p>Action required:</p> <p>Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.</p>

Action required:	
Provide to the Chief Inspector, together with the application for registration or renewal of registration the completed fit person entry programme.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 26: Insurance Cover 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:	
The hospital's risk management policy will be amended to cater for the new hospital.	1 September 2011
The necessary insurances will be in place for the new hospital.	17 August 2011
Confirmation by a competent person that the new hospital complies fully with all the requirements of the statutory fire authority will be provided at the time the hospital takes the new building in charge.	31 May 2011
The fit person entry programme has been completed and submitted to the Authority.	Complete

6. The provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include sufficient information for all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The description of services pertained primarily to those residents over 65 years and did not, for example, detail the admission criteria for those under 65.
Action required:
Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Reference:
Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A revised statement of purpose is being drafted.	30 April 2011

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all staff had received up to date mandatory training in moving and handling and fire training.</p> <p>Action required:</p> <p>Ensure that mandatory training is provided and that staff members have access to education and training to enable them to provide care in accordance with contemporary evidenced-based practice.</p> <p>Action required:</p> <p>Make arrangements for all persons working in the designated centre to receive suitable training in fire prevention.</p> <p>Reference:</p> <p>Health Act 2007 Regulation 17: Training and Staff Development Regulation 32: Fire Precautions and Records Standard 24: Training and Supervision Standard 26: Health and Safety</p>
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Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: An audit of staff training records has been carried out, and fire training has been arranged. Other training will be provided as necessary.	30 April 2011

<p>8. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>An induction and training plan was not available for staff to commence working in the new centre.</p>

Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.	
Action required:	
Provide to the Chief Inspector the training and induction plan for all staff who will be working in the new centre.	
Reference:	
Health Act 2007 Regulation 24: Staffing Records Standard 22: Recruitment Standard 23: Staffing Levels and Qualification	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Induction training cannot commence until the building contractor has handed over the building. This is expected to happen in early May 2011. Arrangements are being made to provide the necessary training in the period from May to August.	31 August 2011

9. The provider has failed or is failing to comply with a regulatory requirement in the following respect:
Whilst the centre has a wide range of policies, procedures and guidelines available, many of these have been recently completed and some did not have commencement dates and review dates.
A number of staff were not familiar with the policies and their content as they had not been rolled out to staff.
A number of the policies will require review to be centre-specific to the new build.
Action required:
Provide written operational policies and procedures in accordance with current regulations that are made available to all staff.
Action required:
A number of the policies will require review to be centre-specific to the new centre.

Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with time scales	Timescale
Provider's response An audit of all policies re commencement and review dates is being carried out.	30 April 2011
Training on recent policies will be organised and rolled out before the main leave period.	31 May 2011
A review of all policies to ensure they are centre-specific for the new hospital has commenced.	31 August 2011

12. The provider has failed to comply with a regulatory requirement in the following respect: A number of personnel files did not have copies of three references, evidence of Garda Síochána vetting documents, photographic identification or medical evidence of fitness to work.	
Action required: Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 2.	
Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All personnel files will be re-audited and followed up on the appointment of a human resources secretary on 18 April 2011	31 May 2011

Any comments the provider may wish to make:

Provider's response:

17 September 2011 has been selected as the date for the transfer of services to the new hospital on the Waterfall Road. The move will transform our services for older people, and we look forward to building on the excellent foundations established in the current hospital to provide a really top class service in the future.

Provider's name: Kevin O'Dwyer

Date: 18 April 2011