Health Information and Quality Authority
Regulation Directorate

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

Centre name:	St Patrick's Hospital
Centre ID:	OSV-0000595
Centre address:	John's Hill, Waterford.
Telephone number:	051 848 700
Email address:	bridget.kearns@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Mary O'Donnell
Support inspector(s):	Susan Cliffe
Type of inspection	Unannounced
Number of residents on the date of inspection:	74
Number of vacancies on the date of inspection:	22

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
27 June 2016 07:30	27 June 2016 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

St Patrick's Hospital is a Health Services Executive (HSE) designated centre for older persons which provides the following services; continuing care, respite care and rehabilitation.

This was an unannounced follow-up inspection conducted by the Health Information and Quality Authority (HIQA) to follow-up on actions required following a previous dementia thematic inspection of March 2016.

The majority of required actions had been progressed and completed with the exception of those related to the premises. As identified in previous inspection reports, the bedroom accommodation was generally set out in multi-occupancy “bays” and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards) or the National Standards for Residential Care Settings for Older People in Ireland 2016. The HSE has committed to replacing St Patrick’s Hospital with a new purpose-built community nursing unit by December 2019. In the interim, since the previous inspection resources had been used to improve the communal areas and create an enhanced environment for residents. In addition, a total of seven beds had

been removed from two wards with both residents and staff benefiting from the increased personal space.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016.

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

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was first registered in April 2012 and this is the seventh HIQA inspection report of the centre. During a two day registration inspection in December 2014, inspectors found the person in charge also had responsibility for two other centres. As a result, there was insufficient senior management engagement in the governance, operational management and administration of St Patrick's Hospital. In April 2015 HIQA issued a regulatory improvement notice and in May 2015 an acting director of nursing was appointed specifically to St Patrick's Hospital and nominated as the person in charge.

Major non-compliances with the premises have been a consistent inspection finding and in August 2015 a Notice of Proposal was issued to re-register the centre with an additional restrictive condition; that no further residents be admitted to specific room areas until HIQA received an acceptable costed plan to bring the premises into compliance with the regulations and National Standards.
Following the most recent inspection in March 2016, HIQA met with senior HSE managers responsible for St Patrick's Hospital to discuss the inspection findings, the governance and management of the centre and the response to the notice of proposal. On 28 April 2016 the provider submitted an acceptable plan to build a new unit, with single bedroom accommodation for 100 residents. The new unit would be built in front of the existing centre and was scheduled for completion in 2019. An action plan was submitted to address the areas of non-compliance and this inspection monitored the implementation of the action plans.

During this inspection, inspectors found that the provider had put systems in place to strengthen the governance and management of the centre with clear lines of accountability and responsibility. The Acting Director of Nursing, the person in charge with responsibility for the day-to-day management of the centre, reports to the General

Manager who has an office onsite in the hospital. The substantive post had been interviewed for and the successful candidate had been offered the post. In April 2016 two assistant directors of nursing were assigned to support the person in charge, replacing two posts that had been unfilled for a number of months.

Action had been taken to recruit staff to fill vacant posts at all levels. Interviews had been held and a permanent post of director of nursing was due to be filled by September 2016. The General Manager and person in charge told inspectors they had filled most of the vacant nursing and healthcare assistant positions and were awaiting Garda Vetting to fill the remaining posts.

At the request of the General Manager, a specialist review team had carried out an internal review of the service and issued a report with specific actions designed to achieve compliance with the regulations.

There was evidence of regular quality and safety meetings, where incident trends and audit results were discussed and there was a schedule designed to ensure that key clinical areas of the service were monitored through audit. Relatives' feedback on aspects of the service provided was sought through a survey. Inspectors reviewed nursing metric audit results and noted that action was taken to bring about improvements in prioritised areas such as care plans, pressure ulcer prevention and treatment, bedrail use and medication management. The annual quality review was also completed. Databases of staff training were available and there was evidence of significant investment in staff training and development to promote a person-centred culture of care.

In response to findings in March 2016 of non-compliance with the regulations and National Standards in relation to residents' accommodation and insufficient communal space, the General Manager advised inspectors that she had removed a number of beds from multi-occupancy rooms. Residents in the rooms where the number of beds had been reduced told inspectors that their room was much nicer as a result of this change. In particular they noted that the room was not as crowded, warm or as noisy.

Funding had been sourced to reconfigure the day rooms and other areas in the centre to optimise the environment for residents. An occupational therapist had assessed the premises and the recommended improvements had been implemented. Resources had been used to upgrade the existing outdoor area and create a new secure outdoor area off St Patrick's Ward. This change was praised by several residents.

Inspectors found that there were systems in place to monitor the quality of the service on an ongoing basis. There was a clearly defined management structure and the provider had strengthened the governance of the centre and made resources available to ensure the delivery of safe quality services. The person who will hold the substantive director of nursing post will have a crucial role to play building on the progress made and ensuring the ongoing sustainability of these service improvements.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
On the previous inspection incidents of bruising of unknown origin were found not to have been investigated to out rule abuse. Inspectors found that measures were now in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicions of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Training records confirmed that two weekly training sessions were organised and attended by almost all staff. Staff spoken to by inspectors confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

The management of residents who had behaviours that challenge was an area of non-compliance at the previous inspection. Inspectors reviewed the procedures in place for responding to behaviours that challenge. Training had been provided to staff and there was a policy in place which provided guidance to staff.

Inspectors examined a number of residents' files and found that residents were assessed and possible triggers had been identified for individual residents. Staff spoken with were very familiar with appropriate interventions to use. Staff spoke positively about the training. They used the ABC assessment and also the 'Ragster' tool to focus on the particular behaviour and facilitate individual team members to contribute their ideas about the cause and possible interventions to resolve the behaviour. Staff reported positive outcomes for various residents. Residents had behavioural support care plans in place; however, the quality of the care plans varied. The revision of care plans is a work in progress as detailed in outcome 11. Inspectors saw that additional support and advice were available to staff from the psychiatry services. Three monthly reviews of all medications were undertaken by the medical officer and the pharmacist.

Staff were proactively working to promote a restraint-free environment. Inspectors saw that the use of electronic bracelets and bedrails had reduced since the last inspection. Appropriate risk assessments had been undertaken and regular checks were recorded when bedrails were in use. There was documented evidence that alternatives had been

tried prior to the use of restraint, as required by the centre's policy. Additional equipment such as low-low beds, sensor alarms and crash mats were in use to reduce the need for bedrails. Many of the beds had foldable bedrails, so that half length rails could be used to provide security without restraining the resident.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
On the previous inspection, not all residents had a care plan to address an assessed need. In addition there was inconsistent documentation referencing residents' and their relatives' involvement in the development of care plans. In the submitted action plan following that inspection the provider undertook to audit and revise all care plans by the end of April 2016. During this inspection, inspectors found that care plans have been audited and areas for improvement were identified. Care plan reviews and daily care records were identified as priority areas. However, the person in charge acknowledged that the original timeframe for revising all care plans by end April 2016 had not been achieved with half of care plans still requiring revision.

Inspectors examined a number of residents' records, including their assessments and care plans, in St Patrick's and St Malachy's wards. Residents had a comprehensive assessment of their healthcare needs completed, using evidence-based assessment tools completed on admission and updated thereafter. Residents had care plans in place based on their assessed needs. Care plans were reviewed on a four monthly basis or if the resident's condition changed. The quality of care plan reviews varied; some did not have a narrative evaluation of care interventions but held a date and signature to denote that a review had taken place. Reviews which were completed by staff who had attended relevant training were completed to a high standard.

The Assistant Director of Nursing had facilitated fortnightly care planning workshops for staff and all the care plans viewed contained documentary evidence of residents and relatives' involvement. Inspectors also found that on St Malachy's Ward the daily flow charts which were previously held in the office and completed by nurses, were now with

the residents and this supported care staff to update the record contemporaneously.

Residents had timely access to medical officers, allied health, dental, palliative care and psychiatry of older age services. Residents' records confirmed that they were assisted to achieve and maintain the best possible health through regular blood profiling, monitoring of vital signs, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital.

Residents admitted for rehabilitation in Our Lady's Ward had access to physiotherapy and occupational therapy (OT) on a daily basis. Staff explained that referrals were made to community services to access OT or physiotherapy for residents on St Malachy's and St Patrick's wards. Inspectors found that these residents had timely access to occupational therapy but they did not have access to physiotherapy. This impacted on residents because the physiotherapist was not involved in post-falls assessments. Inspectors also found that residents, who were bed dependent (seven residents) or chair dependent (29 residents), were not offered physiotherapy to maintain their limb mobility and prevent contractures. A resident who had several hospital admissions for pneumonia had not been provided with physiotherapy, as outlined in their discharge plan. Inspectors noted that exercise groups did not form part of the activity schedule to ensure residents' mobility is optimised.

On the previous inspection there was evidence that pressure ulcer classification was not in line with contemporary evidence-based practice. Training records showed that two sessions on wound care and pressure ulcer prevention had been attended by all grades of staff. A clinical nurse manager 2 (CNM2) with a graduate diploma in tissue viability supported staff and provided expertise on wound care. Residents were routinely assessed for risk of pressure ulcers and pressure relieving devices were provided as required. On the day of inspection there were no residents with pressure ulcers. Inspectors followed up on the care of a resident who required wound care and found that wound management was provided to a good standard and was in line with national best practice.

There was a strategy in place to prevent falls. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. The incidence of falls was low. A review was completed after each fall incident with preventative measures, such as, sensor mats, ultra low beds and crash mats used to mitigate further risk of injury.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013.

Theme:
Effective care and support

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

Findings:
The premises dates back to the 1950's and the physical design and layout is consistent with the style of that era. There were two single rooms used for end-of-life care and there were facilities for family or friends to be accommodated. The premises consisted of three wards:

- Our Lady's Ward - a 36-bedded unit with accommodation for male and female residents
- St Malachy's Ward - a 34-bedded unit for female residents
- St Patrick's Ward - a 26-bedded unit, with accommodation for male and female residents.

Inspectors noted that while there were some single and two-bedded rooms available, accommodation consisted primarily of multi-occupancy rooms. Since the previous inspection six beds had been decommissioned to create extra space for residents. An enclosed garden, accessible from St Patrick's Ward, was in the process of being developed and the accessible secure garden areas for the other two wards had been improved. These garden areas provided residents in all the wards access to secure outdoor areas with appropriate seating. Communal rooms in the three wards had been reconfigured to improve the environment for residents.

Concerted efforts had been made to create a homely atmosphere through the use of some suitable fittings and furnishings. Each ward had an attached sitting and dining area. Since the last inspection these rooms had been reconfigured to create separate seating areas to encourage residents to interact and engage socially.

St Patrick's day room was decorated with flags to support the Irish soccer team. Boards had been created with items such as locks, plugs and light switches as well as tactile boards to stimulate residents. St Malachy's Ward had a social kitchenette which was used for baking activities.

There is a church for religious services or quiet reflective time and a family room located on the first floor to accommodate families to stay over. There is a quiet room in Our Lady's Ward for residents to relax and meet with visitors. Residents from the other two wards did not routinely use this room because access to Our Lady's Ward was by a coded lock.

The premises were maintained and the standard of décor was generally good. Two items of maintenance work still required attention on the day of inspection. The first item was the development of an outdoor garden area for St Patrick's Ward which had

been progressed but not completed. The second item was found in Room 14 where plasterwork was exposed in a space where a bed had been removed.

However, the premises consisted of ward-type bedroom accommodation and the physical environment was not conducive to meeting the needs of residents.
In Our Lady's Ward, accommodation comprised four six-bedded rooms, two four-bedded rooms, a twin room and two single rooms. Twelve long-term care places were provided in two six-bedded rooms. The remaining 24 places were used for rehabilitation. All the rooms were spacious and the accommodation provided met the needs of the residents.

In St Patrick's Ward, accommodation comprised two single rooms. A 12-bedded room which was sectioned into four bedded bays. There were two six-bedded rooms, one of which had been reduced to five beds and the other had been reduced to four beds. Since the reduction in the bed numbers residents described having increased personal space and an improved living environment. However, the personal space available to the 12 residents accommodated in the four-bedded bays of the larger room was extremely limited which presented challenges to efforts to personalise individuals sleeping areas.

Accommodation in St. Malachy's Ward comprised two 10-bedded rooms, two five-bedded rooms, a twin room and two single rooms. The twin room was extremely small and not suitable for accommodating two residents with each resident afforded only 3.0 sq meters of personal space. Although the five-bedded rooms were more spacious, inspectors found that wardrobe space available to each resident was extremely small and inspectors observed residents having to use plastic storage boxes to hold items of clothing. As a result of this lack of individual storage space residents were limited in the amount of personal belongings that they could keep with them and in their ability to personalise their individual areas. Inspectors noted that a chest of drawers which could have provided additional storage space for residents was instead used by staff to store bed linen.

Three beds in one 10-bedded room had been decommissioned and seven residents were now accommodated there; three residents in one bay and four residents in the second bay. Inspectors noted that the layout of this room significantly compromised the privacy and dignity afforded to a bed area facing the door and did not consider that this was an appropriate location for a bed.

The second 10-bedded room was divided into two four-bedded bays and a two-bedded bay. Two beds in the central bay posed a risk to safety as they partially blocked access to the fire escape double doors and also prevented residents from using this door way to access the secure garden area.

Residents' personal space in these two 10-bedded rooms was very confined with space only for a bed, a small locker and a wardrobe which was so small that the person in charge said relatives were advised to just provide three outfits for each resident. Inspectors found evidence that the cramped environment impacted on the wellbeing of residents. There was very limited personal space for individual personal possessions. Residents in beds by the windows used the window sill for storage. Residents in the middle beds had no accessible wall space to hang pictures in a place where they would be viewed. There was no space for a chair by the bedside and a resident who wished to

sit out for breakfast had to eat her breakfast while sitting on the side or her bed. A resident told inspectors that they used a bedpan at night because there was not enough room for a commode by their bed, and it was very awkward to use it. Residents' sleep was disturbed by fellow residents or staff providing care and many of the residents were taking night sedation as a result.

Inspectors found that accommodation in the larger multi-occupancy rooms did not achieve the aims of the service as outlined in the centre's Statement of Purpose which stated; 'Personal belongings are encouraged for each resident to add to the homely environment that we aim to provide. This includes the use of the residents' own clothes, personal use of televisions and radios'.

Judgment:
Non Compliant - Major

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
On the previous inspection end-of-life care plans that reflected the residents' wishes and preferences were not in place for all residents. Inspectors examined a sample of residents' care plans and found that residents had end-of-life care plans in place. The quality of care plans varied. Some plans had full details of the resident's holistic needs, their resuscitation status, their wishes for place of care and plans for their funeral service. There was evidence of residents, relatives and medical officers being involved in these discussions. While residents who were for comfort care and not for resuscitation had this information clearly documented, the detail of discussions that informed a decision to resuscitate was not always evident in the files viewed by inspectors.

Inspectors saw that a resident who was receiving end-of-life care had a comprehensive care plan based on the resident's wishes and preferences. The community palliative care team were actively involved in this resident's care and the care plan was updated accordingly.

Each ward had a single room available for end-of-life care and there were two rooms for families to use if a relative was very ill or approaching end of life.

Staff have had training to support them to initiate discussions with residents and relatives about planning end-of-life care. There were plans in place for an information

evening for family members and further staff training was scheduled for 27 July 2016.

Inspectors concluded that significant progress had been made and the planned information and training events should lead to further improvements to achieve full compliance in relation to this outcome.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Staff worked to ensure that residents received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. They closed doors and bed screens when delivering personal care. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well. However, some institutional practices impacted on the rights of residents. For example, all the residents wore name bands on their wrists and inspectors also found that the residents' toilets and bathrooms did not have privacy locks. Inspectors found that the culture of care was predominately a medical model and although some progress had been made, the journey to develop a person-centred approach and promote a social model of care was ongoing. Inspectors acknowledge that the action plans had been completed but changing the culture within an organisation will take time.

Identified environmental issues are addressed in outcome 12. However, the impact of such issues on the dignity and rights of residents is explored further under this outcome. Inspectors found evidence of progress in addressing these issues.

Considerable work had been done to create a more homely and interesting place for residents to live. There were reminiscence materials, rummage boxes, clocks and orientation boards to support residents with a cognitive impairment. Signage to support way-finding was evident on doors to communal rooms. The day rooms had been rearranged to create separate spaces for residents to interact and socialise. Useful items had been sourced such as an old radio, a standard lamp and an old telephone to

enhance the environment especially for older residents. Residents on the three wards had free access to secure, well maintained gardens with seating areas. Further works were scheduled for the garden outside St Patrick's Ward to level the ground and mitigate the risk of falls.

On the previous inspection all residents did not have access to dining tables for meals which adversely impacted on their ability to avail of enjoyable social experiences during the course of a meal. Inspectors saw that round tables had since been provided and on the day of inspection all residents who wished to do so were able to sit at a dining table at lunch time. However, the sitting and dining area attached to St Patrick's Ward was small in size and was not big enough to comfortably accommodate all residents from the ward if the ward was full. Management and staff acknowledged that if the number of residents living in St Patrick's Ward increases beyond the current number it will be necessary to provide meals over two sittings to ensure that each resident can avail of an enjoyable dining experience.

Other environmental issues identified on the previous inspection included the lack of private space to meet visitors. This was addressed within the constraints of the existing premises. A quiet room in Our Lady's Ward was refurbished for use by residents and visitors. Inspectors saw residents and visitors using seating areas in the entrance hall for quiet conversations. Staff confirmed that the two rooms provided on the first floor were rarely, if ever, used.

However, the allocation of beds in multi-occupancy bedrooms requires review. Residents told inspectors they were often disturbed at night by fellow residents who shouted or who walked around the ward rummaging in the lockers of other residents. When this was followed-up by inspectors, staff identified at least one resident in three of the four multi-occupancy rooms who may keep other residents awake at night. Twelve of the 20 residents in the three multi-occupancy bedrooms were prescribed night sedation. Sleep disruption or night sedation may have caused some residents in the day room to spend considerable time asleep. At handover staff recommended that a resident who sustained a fall should be reviewed with a view to reducing their sedation. This resident confirmed that the resident in the next bed kept them awake at night.

Moreover, inspectors found that the location of toilet and bathroom facilities did not consistently promote the dignity of residents with many residents required to walk a significant distance, passing other residents' bed spaces, in order to access bathrooms or toilets. This did not support privacy and dignity or promote continence. Staff reported that residents with dementia sometimes lost their way when they tried to locate the bathroom, especially at night.

The provision of adequate facilities and opportunities for meaningful activities is essential to ensure the dignity and wellbeing of residents.

On the previous inspection facilities for activity provision were found to be inadequate and residents were not given opportunities to participate in meaningful, purposeful activities to suit their assessed needs, preferences and capacities. At that time, inspectors found that addressing the social needs of residents was not integral to the role of nurses and healthcare attendants, and one activities co-ordinator had

responsibility for facilitating activities for residents in the three wards.

On this inspection, action plans had been completed to ensure that residents could now participate in meaningful, purposeful activities and two extra staff had been employed to provide an additional 61 hours each week to support activity provision. Training had been provided for staff in person-centred care, raising awareness of how staff can meet the social and emotional needs of residents. This was new to many staff and an area for ongoing development.

The activities co-ordinator was responsible for assessing and identifying suitable activities for individual residents. The activity schedule included activities arranged for the mornings and afternoons and included music, quizzes, colouring, sensory stimulation and religious activities. The activities coordinator told inspectors that rather than focusing on group activities they were trying to provide more one-to-one activities such as hand massage, poetry reading and board games. Inspectors observed staff providing hand massages to residents and staff engaging with residents while they enjoyed wafer ice creams. Life story work was ongoing. Residents' families were encouraged to bring in objects to personalise their bedroom space and photographs and pictures were posted on the walls.

St Patrick’s Hospital is located close to the town centre, and staff told inspectors that students and local groups engaged with residents in the centre. Residents had access to a bus and went on weekly excursions. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. They also had access to televisions, radios and telephones.

While acknowledging the progress made since the last inspection, a period of observation in the day room before lunch provided evidence of the requirement for further work to change the culture of care. Many of the residents were asleep in their chairs, one lady read a magazine, two ladies did their knitting and a care staff member, who wore disposable gloves, gave a resident a hand massage. Other residents were seated listening to music. One resident who was in the day room during the observation period said they were bored most of the time and wished there was more live music. During this period of observation various care staff were coming in and out of the room and, with few exceptions, their interactions with residents were all related to the provision of care. The care provided was positive, good-quality, task-focused care, but staff did not connect with residents on a personal level. For example;
• a staff member changed the CD without consulting with residents who were listening to the music about their choice of music,
• a staff member setting the tables for dinner did not interact with residents who sat at the tables,
• staff put disposable clothes protectors on residents without seeking their permission to do so, or offering a napkin as a more dignified alternative,
• a staff member assisting a resident who required full assistance with eating did not tell the resident what type of meat or vegetables they was eating. The main course was puréed and all the ingredients were mixed together in a bowl; the meal did not look appealing.
Connective care was evidenced when a staff member spent time discussing a resident's

progress with their knitting and another staff member conversed with a resident about people in their locality; however, these were exceptions rather than the norm.

Independent advocates were available and contact details prominently posted on notice boards. Three advocates visited residents regularly and represented the views of residents at the monthly residents' meetings. The meetings were attended by residents and some relatives and chaired by the person in charge. A range of issues were discussed and there was evidence that the issues raised were actioned. Residents confirmed that they were facilitated to exercise their civil, political and religious rights. Residents' right to refuse treatment or care interventions were respected. Residents were satisfied with opportunities for religious practices.

However, the larger communal bedrooms, shared by seven-12 people were unsuitable for people to live there on a long-term basis, and this impacted on other outcomes:
*There was inadequate space for residents' clothing and individual personal possessions.
*The space between beds was so confined that it could not accommodate a chair or a commode. Residents could not sit on a chair for breakfast.
*At night residents' sleep was disturbed by other residents or by staff providing care to residents.
*The majority of residents in these communal rooms took night sedation.

The majority of long-term care residents shared a bedroom with seven-12 other residents. The cumulative impact of cramped bedroom conditions on the residents' rights and their quality of life, coupled with the fact that there were no privacy locks on bathroom and toilet doors, merited a judgment of major non-compliance for the outcome 'Privacy, Dignity and Rights' as well as the outcome 'Safe and Suitable Premises'.

Judgment:
Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' clothing was appropriately labelled. Families sometimes laundered residents' clothing and others had it sent externally to be laundered. As stated in outcome 12, there was insufficient space in multi-occupancy bedrooms for all residents to store their

own clothes. A suggestion to address this by storing some items centrally was unacceptable as residents would not retain control over their own possessions as required by Regulation 12(a). In addition, inspectors observed that due to the lack of space, residents were limited in their ability to display personal effects.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
On the previous inspection the numbers and skill-mix of staff did not adequately meet the needs of the residents. The action plan to address this had been completed; vacancies had been filled and the staffing levels and skill-mix were adequate to meet the needs of residents. The inspectors reviewed the actual and planned rosters from the previous month and the staff numbers on the day of inspection correlated with the roster. Inspectors discussed staffing levels and staff allocation with the clinical nurse managers and the staff team. They described how they allocated care of residents to three staff teams based on each ward. The ratio of nurses to healthcare staff is approximately 45%:55%. Staffing requirements are based on the dependency levels of the residents. On the day of inspection the dependency levels, determined by use of a validated tool for 59 residents in long-term care were: Maximum = 40, High = 11, Medium = 8, Low = 0.

Staff confirmed that the need for agency staff had decreased since the previous inspection and, where possible, the same agency staff were employed to provide continuity of care for residents. The provider nominee confirmed that the majority of posts including those created by long-term sick leave had been filled and the remainder would be filled once Garda Vetting had been processed. Residents, relatives and staff who spoke with inspectors were satisfied that the day and night staff allocation was appropriate to meet the needs of residents. Residents and relatives spoke highly of the calibre of staff and the standard of care provided.

Inspectors observed that there was a clinical management presence on each of the three wards. A clinical nurse manager 2 had been appointed to replace the Clinical

Nurse Manager 2 who had been appointed to the Acting Assistant Director of Nursing role.

Training records available conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the Regulations, staff had attended training on caring for residents with dementia, responsive behaviours, pressure sore prevention and person-centred care. A training matrix was maintained to ensure that all staff attended relevant training. Training was planned for July 2016 to enable staff to support residents to plan for end-of-life care.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' conditions. Inspectors saw that staff copies of the regulations and the standards available to them. The inspector viewed minutes of ward staff meetings and minutes of meetings between management and staff in the centre.

Inspectors observed that call-bells were answered in a timely way and staff were available to assist residents. Since the previous inspection, two new activities coordinators had been appointed. The new staff had shadowed the activities coordinator for a period and there were plans to make training opportunities available to all activities staff. Inspectors held the view that all staff would benefit from this type of training as they observed that staff interaction with residents was mostly focused on tasks associated with care provision. Staff who spoke with inspectors were aware of the importance of meeting residents' social needs but they thought this was predominantly the role of the activities staff. Inspectors observed that manual handling techniques for chair-to-chair transfers which some staff employed were not in line with best practice.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St Patrick's Hospital
Centre ID:	OSV-0000595
Date of inspection:	27/06/2016
Date of response:	31/07/2016

Requirements

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

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

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans that had been revised were found to be comprehensive and used to guide care. Other care plans were bulky, held too many pages with old information which made it was difficult to find the relevant information to guide care. The quality of care plan reviews varied some did not have any evaluation of care interventions but held a date and signature to denote that a review had taken place.

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

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
All care plans are continually reviewed. Reviews include residents and where appropriate their families. The reviews to include assurance around comprehensiveness of content.

Proposed Timescale: 30/08/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents on long-term care who required or who would benefit from physiotherapy did not have access to physiotherapy services.

2. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Referral system is in place for all residents to access physiotherapy

Proposed Timescale: 29/06/2016

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The accommodation in the larger multi-occupancy rooms did not achieve the aims of the service as outlined in their Statement of Purpose. Inspectors found evidence that the cramped environment impacted on the wellbeing of residents.
*There was very limited personal space for individual personal possessions. Residents in beds by the windows used the window sill for storage.
*Residents in the middle beds had no accessible wall space to hang pictures in a place where they would be viewed.
*There was no space for a chair by the bedside and a resident who wished to sit out to have her breakfast, ate her meal while sitting on the side or her bed.

*A resident told inspectors that she used a bedpan at night because there wasn't enough room for a commode by her bed, and it was very awkward to use it.
*As detailed in outcome 16 residents sleep was disturbed by fellow residents or staff providing care and many of the resident were taking night sedation.

3. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The 100 Bed Community Nursing Unit has been approved with commissioning date at end of 2018. Discussions take place ongoing with residents and families with regard to personal belongings and in particular if they require pictures to be in their personal space around their beds. Every effort is made to facilitate any requirements. Smaller chairs have been ordered and will be placed beside the beds for residents. Choice is given to residents during the night on how they would like to use the bathroom facilities either toilet, commode or bedpan and same documented in their care plans. All sleep care plans are been reviewed and to ensure that residents are able to sleep peacefully without interruptions. Night sedation is only provided on foot of prescription.
Dementia residents who may be causing some disruption to other residents at night are reviewed in an effort to eliminate such disruption in their best interest and that of other residents.

Proposed Timescale: 15/08/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In room 14 plasterwork was exposed in a space where a bed had been removed.

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

Please state the actions you have taken or are planning to take:
The exposed plasterwork issue has been rectified. There is regular maintenance provision at the hospital as required and planned.

Proposed Timescale: 29/07/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The standard of end-of-life care plans varied.
Detail of discussions that informed a decision to resuscitate was not evident in the files viewed by inspectors.
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5. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Education in " let me decide" has commenced and residents end of life care plans are been reviewed to ensure that residents who's wish it is to be resuscitated is documented in and reviewed on a regular basis

Proposed Timescale: 11/07/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some institutional practices impacted on the rights of residents. For example all the residents wore name bands on their wrists and inspectors also found that the residents' toilets and bathrooms did not have privacy locks.

The allocation of beds in shared bedroom accommodation required review. Residents were often disturbed at night by confused residents.

6. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
The practice of name bands has ceased and policies reviewed to reflect same. All bathrooms and toilets have been accessed and locks been provided . Residents with dementia with sleep issues are been reviewed and placed in area where they will not disturb other residents.

Proposed Timescale: 25/07/2016

Outcome 17: Residents' clothing and personal property and possessions
Theme: Person-centred care and support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Multi-occupancy rooms had insufficient space for all residents to store their own clothes. In addition, inspectors observed that due to the lack of space, residents displayed minimal personal effects **7. Action Required:** Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions. **Please state the actions you have taken or are planning to take:** Chest of drawers has been provided to allow extra storage for the resident that had specifically requested same. Wardrobes are provided for residents that require extra storage for seasonal clothing. There is also communal storage facilities through the centre where personal clothing is maintained and segregated.
Proposed Timescale: 13/07/2016

Outcome 18: Suitable Staffing
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** There were plans to make training opportunities available to all activity staff. Inspectors held the view that all staff would benefit from this type of training as they observed that staff interaction with residents was mostly focused on tasks associated with care provision. Staff who spoke with inspectors were aware of the importance of meeting residents social needs but they thought this was predominantly the role of the activity staff. Inspectors observed that manual handling techniques for chair to chair transfers which some staff employed were not in line with best practice. **8. Action Required:** Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training. **Please state the actions you have taken or are planning to take:** There is a plan for education on chair transfers to be provided to staff by the Physiotherpaist and Occupational Therapist Team. Also further education in Person

Centred Care is planned for the Autumn
Proposed Timescale: 30/09/2016