

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	St. Marys Hospital
Centre ID:	0538
Centre address:	Dublin Road
	Drogheda
	County Louth
Telephone number:	041-9838680
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executives (HSE) Brighide Lynch
Person in charge:	Dympna Robbins
Date of inspection:	20 and 21 September 2011
Time inspection took place:	Day 1 Start: 10: 00 hrs Completion: 18:20 hrs Day 2 Start: 08:40 hrs Completion: 13:00 hrs
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Sonia McCague
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority 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 process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

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

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

St. Mary's Nursing home is situated on the Dublin road in the town of Drogheda.

St. Mary's Nursing Home was formerly a hospital in the 19 century but a new single-storey purpose-built building was officially opened in 1996. The centre can accommodate up to 38 residents 19 male residents in Meadow View and 19 female residents in Sunnyside. Primarily it provides long-term care for older persons and residents with dementia. Residents requiring palliative care are also accommodated.

A medical officer is available at the centre and takes responsibility for the medical management of all new residents in consultation with the multidisciplinary team, the resident and family members. A doctor on call is available out of hours. Allied Health Professionals (AHPs) such as physio, occupational and speech and language therapist and chiropodist are available by a referral system from the centre. A social worker for elder abuse is available. Dental, dietetic and ophthalmic services are accessed when required.

The entrance foyer has a reception office with double doors leading to two units Meadow view (male) and Sunnyside (female). The centre is built around a courtyard, which has a gravel pathway, water feature, seating and raised beds.

Bedroom accommodation consists of six rooms with four beds, two rooms with three beds toilet and wash-hand basin and eight single rooms with a wash-hand basin. There are six toilets four of which also have a shower and there is a shared bathroom between the two units.

The individual units have a sitting, treatment and sluice room, staff changing area equipped with lockers and nurses' station. Shared amenities for residents include dining, visitors' and recreational rooms, an oratory kitchen and offices.

Residents who smoke are provided with an open area in the courtyard with an overhead shelter. The main storage area for equipment such as hoists is in the open corridor. The external grounds provide ample car parking space.

Date centre was first established:	1996			
Number of residents on the date of inspection:	34			
Number of vacancies on the date of inspection:	4			
Dependency level of current residents:	Max	High	Medium	Low
Number of residents:	24	5	2	3

Gender of residents:	Male (✓)	Female (✓)
	15	19

Management structure

St. Mary's Hospital is operated by the HSE and the nominated person on behalf of the Provider is Brighide Lynch, Area Coordinator, Services for Older People, Louth Local Health office. The Person in Charge is Dympna Robbins, Director of Nursing who manages the centre on a day-to-day basis and who reports Brighide Lynch.

Clinical nurse managers, staff nurses, care assistants, multitask attendants, catering, domestic staff and administrative staff support the Person in Charge to carry out her duties and responsibilities.

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

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration of the centre to accommodate 38 residents under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were not carried out with the provider, the person in charge and the key senior manager; changes to the management structure are pending. The Fit Person self-assessment document was completed and forwarded to the Authority in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form, and the supporting documentation including satisfaction questionnaires which had been completed by 9 residents and 8 relatives.

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

The inspector also assessed the action taken by the provider and person in charge in response to the action plan of the report of the previous inspection carried out on 20 September 2010. The required improvements related to implementing the risk management policy, having adequate precautions against the risk of fire, addressing environmental shortfalls, employing staff in accordance with the legislation and ensuring that the residents' contracts of care details the services provided and maintenance of records. All areas identified for improvement had been progressed and/or addressed in line with the response and timescales set by the provider.

Residents were positive about day-to-day life experienced in the centre. They expressed satisfaction with the facilities and services, health care treatment received and variety and choice of meals. Some residents described their daily routines and emphasised the fun and enjoyment they got from the variety of social and recreational activities offered which they could choose to attend. The inspectors observed residents playing bingo and enjoying the courtyard. Strong connections with families and the community were evident. Relatives were satisfied with all aspects of care provided.

Residents confirmed that there were adequate staff on duty to attend to their needs and were complimentary of the staff team considering them to be polite, courteous

and pleasant. The inspectors observed a well-trained and supervised staff group carrying out their duties including welcoming visitors in a friendly manner and providing relevant information about residents' needs.

The person in charge is an experienced nurse and had good knowledge of the legislation and Standards in relation to the residential care setting. She facilitated the inspection process by having documents readily available. Staff members acknowledged her ability to provide sound direction and leadership and confirmed that good relationships exist with the management team. The provider regularly visits the centre to provide support.

The design and layout of the physical environment is of a good standard. The accommodation was spacious, bright and modern.

While policies, procedures, systems and practises regarding managing risks were in place, the following visits were identified on inspection:

- two radiators had a surface temperature higher than 43°C
- inadequate ventilation (natural/mechanical) in shower rooms and toilet facilities in the multi occupied rooms
- insufficient screening around individual beds, which have overhead hoists installed
- a fire hydrant fixed to the wall was obstructed by the storage of hoists
- a sharp corner on a stainless steel band on the inside door of a shower room that protruded.

Other areas identified related to residents' contracts of care and providing the Authority with written correspondence from a qualified person with experience of fire safety design and management confirming that the premises has been inspected and meets the requirements of the legislation. These are described under the outcome statements and related actions are set out in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007

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

1. Statement of purpose and quality management

Outcome 1

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

References:

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

Inspection findings

The statement of purpose issued July 2011 is comprehensive and complies with the regulations and appropriate schedule.

Outcome 2

quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The provider and person in charge demonstrated they had introduced systems to monitor the quality of care provided and quality of life experienced by residents in the centre. Documentation reviewed by the inspectors confirmed that audits were carried out on a regular basis in relation to a range of topics including resident satisfaction, medication management, personal care, hand hygiene, infection control, staff awareness of elder abuse and care records. Areas for improvement had been identified and action plans put in place to address any shortcomings. A review of the minutes of resident and staff meetings confirmed that audit findings had been routinely discussed.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The complaints' policy and statement of the procedure for managing complaints was examined and found to contain all information required by legislation. It provided information on the making, handing and investigation of complaints and was prominently displayed in the centre. A summary of the policy/ procedure was available in the resident's guide and the statement of purpose. The record of complaints, which was examined by the inspectors, had been satisfactorily maintained. It described the details of the complaints, the outcome and action taken as a result of investigation. In discussions with some residents and relatives they knew who to complain to if they had any concerns and confirmed that they felt it would be addressed.

2. Safeguarding and safety**Outcome 4**

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

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Management had put measures in place to protect residents' from abuse. There was a detailed policy and statement of procedure. The content of the ongoing training programme on elder abuse, which staff had participated in, was found to be detailed and comprehensive and included watching a video. During discussion with the inspectors, staff were knowledgeable about reporting mechanisms and what to do in the event of a disclosure about actual, alleged or suspected abuse.

Residents spoken to and those who completed questionnaires confirmed that they felt safe in the centre. Examples of resident's comments included "I feel secure and cared for" and "the staff are always available".

Systems and practices were in place to manage residents' finances and they were reflective of the written operational policy and procedures relating to residents' personal property and possessions.

Outcome 5

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

In the main, the health and safety of residents, visitors and staff was promoted and protected however, on inspection some risks were identified and are outlined below.

Promotion of health and safety

Policies, procedures, systems and practises regarding managing risks were in place and a designated health and safety officer had been identified and was responsible for assessing, monitoring and analysing potential risks with a view to minimising these. This approach considered individual risks to residents such as accidents and general risks associated with the premises and service delivery.

Records were maintained regarding the servicing of fire equipment, the fire alarm system and fire officer's visits. Staff had participated in fire training including fire drills. Some staff satisfactorily explained to the inspectors how they implemented the fire evacuation procedures.

There were systems to monitor the quality of care and safety of the residents. There was a low level of incidents and accidents in the centre and these were subject to review. There were a range of measures in place to prevent accidents and facilitate residents' mobility, including liaison with occupational therapy and physiotherapy. Training on moving and handling was ongoing to ensure that staff involved in the care of residents were up to date in their knowledge.

An emergency plan was in place and staff who spoke with the inspectors were familiar with it and knew who to contact and what to do in the event of an emergency.

The environment was clean and well maintained and in the main, measures were in place to control and prevent infection. These included the arrangements for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control and in discussion with the inspectors were aware of the policy and procedures in place to control infection. A member of the housekeeping staff was able to describe to the inspectors the cleaning systems in place and how these worked in practice.

Risks identified

The Authority has not yet received correspondence from a qualified person with experience of fire safety design and management confirming that the premises has been inspected and meets the requirements of the legislation.

A radiator in the dining room and bedroom number 12, which were not guarded, had a surface temperature of 48°C.

There was no evidence to indicate that the health and safety statement had been reviewed in the current year. There was contradictory information between the health and safety statement and the manual handling policy with regard to the frequency of moving and handling training.

There was inadequate ventilation in shower rooms as some of the vents were not working and no mechanical ventilation in some of the toilet facilities in the multi occupied rooms which are internal rooms.

In the multi occupied bedrooms where overhead hoists were positioned the curtain screening around individual beds did not close fully and therefore may compromise residents' privacy.

A fire hydrant fixed to the wall was difficult to operate because of the storage of hoists.

A sharp corner of a stainless steel band on the inside door of a shower room protruded.

Outcome 6

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

References:

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

Inspection findings

A policy to manage all aspects of medication from ordering, prescribing, storing and administering was available and reflective of the practices in the centre. The inspectors observed staff in charge of medicines administer these satisfactorily to residents. General practitioners (GPs) reviewed residents' medicines on a monthly basis. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal of unused and out of date medicines. A list of the names and a copy of the signatures of all nurses involved in administration of medication was maintained.

Medication audits were carried out.

3. Health and social care needs

Outcome 7

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

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The inspectors found a high standard of evidence-based nursing, medical and allied health care. The centre had sufficient GP cover, and a local out-of-hours service was available. Residents were encouraged to retain their own GP, but where this was not possible, the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly and were available as required. Entries in residents' care plans showed that residents had access to Allied Health Professional services, including the physiotherapist, occupational therapist, optician and chiropodist who provided their services to residents based on a referral from staff in the centre. There was evidence of communication and input from the dietician in the development of menus for residents with special dietary needs.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A dedicated complimentary therapist was employed and worked with the staff team to devise social care assessments, which were then used to inform the activity programme. Residents consulted were complimentary of the activities on offer and were observed to enjoy the activities provided during the inspection, which included music, individual hand care, bingo and group exercises. Each resident had a care plan and those examined by the inspectors showed some

evidence of the residents' involvement and agreement with it. For example, some residents signed their care plans. Admission records were maintained. Care plans contained details of the assessments of residents' dependency, their needs on admission, and subsequently their physical, social and mental health. Objectives of care, treatment plans and nursing interventions were recorded. During conversations with the inspectors, staff were knowledgeable and familiar with care plans and residents' needs and preferences. Risk assessments had been carried out in relation to a number of health care issues for example continence, nutrition, swallowing, accidents and falls. Staff adopted validated tools to risk rate residents, for example, the Braden scale was used to identify the risk of developing pressure sores. Residents were weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss, for example in one instance a referral had been made to the dietician.

There was a policy and procedure on the use of any form of restraint, which had been reviewed in 2011. Staff were familiar with the systems and practices regarding these including the involvement of the resident and representatives, consultation with appropriate professionals and review of the form of restraint.

Outcome 8

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.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

A policy and procedure was devised to provide care for residents at end of life. Good arrangements were in place with the local HSE palliative care team. Staff told the inspector that a palliative care nurse visits as required and is available to them for advice and guidance. A care plan examined by the inspectors indicated that residents' wishes regarding end of life care had been discussed, and staff were knowledgeable about the resident's individual preferences.

Outcome 9

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

References:

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

Inspection findings

Residents received a nutritious and varied diet that offered choice.

The inspectors observed the lunchtime meal, which was a relaxed, and unhurried social occasion that provided opportunities for residents to interact with each other and staff. In the dining room, table settings for residents included condiments, a selection of drinks and matching cutlery and crockery with napkins. There was a menu card and flower display on each table.

The inspectors observed staff discussing the menu options with each resident. They were asked what meal they would like. Staff were seen sitting with the residents and assisting them in a respectful manner. The inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Catering staff were knowledgeable about the dietary needs of residents and were aware any who required a special diet. Throughout the day, staff offered residents a variety of snacks and drinks. Jugs of fresh water were readily available in communal areas and in residents' rooms and these were refreshed on a regular basis.

Residents were complimentary of the food provided and some residents stated "the meals are wonderful" and "there is great variety with the food here".

Copies of environmental health reports were available, for example the 12 November 2008, 19 February 2009 and correspondence dated 11 January 2010 and 19 February 2010. These evidenced that the kitchen was in substantial compliance with the relevant statutory requirements.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The inspectors examined a sample of the completed contracts of care that had been agreed with residents. While these were comprehensive and set out the overall care and services provided to residents, it was not clear regarding the provision of a laundry service. Some residents informed the inspectors that they had to bring laundry home as there was no alternative provision.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political and Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Inspectors were told from residents and relatives at that the provider, the person in charge and staff were approachable and readily available to them. The inspectors observed good interactions between staff, residents and their relatives/visitors.

A resident's forum had been established and regular meetings, which have been minuted, have taken place. This provided residents with an opportunity to express their opinions and views and participate in the operation of the centre. Feedback was also encouraged through a suggestion box and the use of resident satisfaction questionnaires, which sought information on a variety of topics such as food and mealtimes, the quality of care, activities, staffing and the environment.

The residents interviewed indicated that they were satisfied with the level of privacy afforded them in all aspects of personal care. The inspectors observed that residents were addressed by staff in an appropriate and respectful way. Staff were seen to knock before entering bedrooms.

The centre operated an open visiting policy and there were no restrictions on visiting. Residents were able to meet with visitors in their bedrooms or in the visitors' areas.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

Residents were encouraged and supported by staff to personalise their bedrooms and throughout the centre, inspectors noted that residents availed of the opportunity to decorate their bedroom area with photographs, pictures and other belongings including furniture. A record of residents' belongings is maintained.

All residents had adequate storage space for clothes and personal possessions, which included secure storage.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge, Dympna Robbins is a Registered General Nurse and qualified as a midwife in 1981. She has extensive knowledge working in accident and emergency departments, surgical wards of hospitals and general medical wards. She managed home support services in the community prior to returning to nursing in 2006, an acute hospital primarily working with elderly persons requiring medically care. In January 2011 she was appointed as director of nursing of The Cottage which is a full-time position. She has relevant post-qualifying training including a diploma in management and recently commenced a degree in law. She had knowledge of the legislation and the standards and facilitated the inspection process by having relevant documentation and information readily available. Throughout the inspection, she demonstrated that she is committed to the delivery of good quality care to residents. She has set up effective communication systems, consults widely with staff, residents and relatives and carries out on-going audits and reviews of practice. The inspectors observed that she provided good leadership to staff and demonstrated a strong commitment to person-centred care. She was knowledgeable about individual residents' likes, dislikes and preferences. A fit person interview did not take place as she is retiring from this position in the near future.

Outcome 14

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

References:

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

Inspection findings

The inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. Inspectors checked the staff rota and found that it was well maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement and/or agency staff. Residents and relatives were satisfied with the staffing levels. Residents interviewed were complimentary of the staff team and commented on their caring nature. They reported that staff were always available to provide the help and assistance they needed. Staff were described as "helpful", "caring", "approachable" and "respectful".

Staff morale was found to be high. From discussions with staff, the inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.

There was evidence that staff had access to education and training and were supervised. The person in charge had carried out an audit of staff training and a record of all the training participated in by staff had been maintained. Training had been provided in relation to the Authority's standards, food hygiene, infection prevention and control, personal hygiene, first aid, nutrition, and protection of residents from abuse. Outstanding training related to moving and handling, fire safety and prevention.

The majority of care staff had completed training accredited at Further Education and Training Awards Council (FETAC) level five. There was evidence from records that staff were supervised at the commencement of their employment as part of their induction. All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice.

Policies and procedures were available for the recruitment, selection and vetting of staff. A review of the documents to be held in respect of persons working at the centre indicated that these were maintained in accordance with the relevant legislation.

Staff meetings for all groups of staff took place on a regular basis and daily 'handover' meetings were scheduled so that each staff group were updated with regard to residents' care and condition.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The design and layout of the environment was suitable for residents. A detailed description of the premises is outlined on page three of this report.

In general, the accommodation was spacious, brightly decorated and well maintained. Residents were complimentary about the building. They expressed satisfaction with the pleasant outlook from the corridors, communal areas and bedrooms. They considered the modern furnishings pleasant and comfortable.

Residents' bedrooms were comfortable and personalised. Great emphasis was placed on the safety of the enclosed garden, which was accessible to residents and their visitors.

The inspectors noted that the centre was clean. Residents and relatives commented on this and told the inspectors that it was always clean. The inspectors saw cleaning staff at various times throughout the day in different areas of the centre.

Management provided equipment in response to the assessed needs of the residents. Such equipment included standing and lifting hoists, residents' call system, profile beds, pressure relieving mattresses and cushions, wheelchairs and walking frames. The upkeep of these items was in accordance with the manufacture's instructions.

The following minor issue were identified for further improvement: externally, repair and clean guttering and downpipe and repair a showerhead.

7. Records and documentation to be kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's GuideSubstantial compliance Improvements required* **Records in relation to residents (Schedule 3)**Substantial compliance Improvements required* **General Records (Schedule 4)**Substantial compliance Improvements required* **Operating Policies and Procedures (Schedule 5)**Substantial compliance Improvements required* **Directory of Residents**Substantial compliance Improvements required* **Staffing Records**Substantial compliance Improvements required* **Medical Records**

Substantial compliance

Improvements required*

Insurance Cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The person in charge was aware of her responsibility to notify the Chief Inspector of Social Services of incidents, in accordance with the legislation and notifiable incidents and quarterly reports had been submitted to the Authority in compliance with the legislation.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The inspectors were informed that in the absence of the person in charge, the assistant directors of nursing Michael James (Seamus) McCaul and Geraldine Matthews would take over the day-to-day management of the centre.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the Brighide Lynch, Seamus McCall, Geraldine Matthews, Anne Keane and Helen Califf 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:

Siobhan Kennedy
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

4 November 2011

Action Plan

Provider's response to inspection report

Centre:	St. Mary's Hospital
Centre ID as provided by the Authority:	0538
Date of inspection:	20 and 21 September 2011
Date of response:	21 November 2011

Requirements

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

Outcome 5: Health and safety and risk management

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

The health and safety of residents, visitors and staff was not protected and promoted.

Action required:

Provide the Authority with written correspondence from a qualified person with experience of fire safety design and management confirming that the premises has been inspected and meets the requirements of the legislation.

Action required:

Ensure that radiators do not have a surface temperature higher than 43°C. (radiator in the dining room and bedroom number 12).

Action required:	
Ensure that the health and safety statement is reviewed for the current year and information provided is not contradictory with other policies and procedures for example the manual handling policy with regard to the frequency of moving and handling training.	
Action required:	
Ensure that there is adequate ventilation (natural/mechanical) in shower rooms and toilet facilities in the multi occupied rooms, which are internal rooms.	
Action required:	
Reviewed the screening around individual beds in multi occupied rooms which have, overhead hoists installed to ensure that residents' privacy is protected.	
Action required:	
Ensure that the fire hydrant fixed to the wall is not obstructed by the storage of hoists.	
Action required:	
Repair a sharp corner on a stainless steel band on the inside door of a shower room, which was protruding.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard: 26: Health and Safety Standard 29: Management Systems 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The centre had an independent fire risk assessment on 15 August 2011. The assessment involved the completion of a survey to ascertain compliance with all statutory requirements in relation to fire safety. Upon completion of the assessment, an independent report was issued and a meeting was held with the Regional Fire Officer for the HSE and outstanding issues that required addressing. The report outlined some structural deficits in relation to fire safety. A tendering process has been instigated in order to meet the actions in relation to structural deficits. This tendering process is completed and the works required will commence on the second week of December 2011 and is expected to be completed prior to end of</p>	

December 2011. When the work is completed the centre will then through the Regional Fire Officer (Qualified Person) will submit certification to the Health Information and Quality Authority confirming that the premises has been inspected and meets the requirements of the legislation.	30 January 2012
An assessment has been completed of the heating system which found that two valves within the heating system were not properly working. These valves will be replaced and will ensure that the surface temperatures of radiators do not exceed or do not have a surface temperature higher than 43°C.	December 2011
The manual handling and safety statement have been revised to ensure to ensure they are not contradicting each other in relation to Manual Handling. The Safety Statement has been signed and dated for the Year 2011 and will be revised and dated as per requirements each year.	Completed
An assessment of the mechanical ventilation system revealed a broken fan belt. This has been sourced and awaiting replacement	20 December 2011
Currently assessing the most satisfactory way of installing the existing curtains to ensure that dignity and privacy is maintained at all times and curtains will be refitted to ensure maximum privacy and dignity. Extra screens currently being used to ensure full dignity is ensured	29 February 2011
One hoist in place in this area has been removed to allow more space so that hydrant is not obstructed. An assessment of the area has been completed and a barrier will be erected to ensure that hoists are not stored close to the hydrant.	30 December 2011
This has been completed and the metal that protruded has been sealed.	Immediately

Outcome 10: Contract for the Provision of Services

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Each resident did not have agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</p>
<p>Action required:</p> <p>Ensure that residents' contracts of care details the provisions of the laundry service.</p>

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The contract of care has been completely revised in relation to laundry service. Each resident and their representatives have received a letter and a copy of the rewording of the contract in relation to laundry. These have been placed in resident's personal contracts and within their files. In addition the issue has been an agenda item on the residents'/relatives' forum in order to highlight and bring to the attention of residents and relatives the rewording and the arrangements in place for laundry services in the centre. Each resident and relative have been invited to discuss their individual requirements with each centre manager.	Immediately October 2011

Any comments the provider may wish to make:

Provider's response:

The residents, relatives, staff and person in charge of Saint Mary's Centre would like to thank the inspectors from the Health Information and Quality Authority for the professional manner in which they conducted this inspection.

Provider's name: Ms Brighide Lynch on behalf of the Health Service Executive

Date: 21 November 2011