

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Unit 1 St Stephen's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	25 July 2024
Centre ID:	OSV-0000715
Fieldwork ID:	MON-0044397

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Unit 1 is a dementia specific unit situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. It is a single storey detached building and is registered to accommodate 16 residents. Residents' accommodation comprises of one single bedroom, and the rest of bedrooms are three-bedded rooms. Assisted showers toilets and bathrooms are across the corridor. Communal space includes a dining room and sitting room and a sensory room. Residents have access to an enclosed garden with panoramic views of the valley and countryside. All bedrooms open onto a veranda. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18, long-term residents and palliative care to older people with dementia. The centre provides 24-hour nursing care and medical care is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 July 2024	09:30hrs to 17:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The inspector arrived unannounced at the centre and found that a calm and relaxed atmosphere was evident. Overall, residents were well looked after in Unit 1, St Stephen's Hospital, which is registered to accommodate 16 residents. The centre provided accommodation to six residents on the day of inspection, with 10 vacant beds. Due to various medical conditions, not all of the six residents met with, were able to tell the inspector about their experience. Nevertheless, residents looked content and a number said that they were satisfied with the care, with staff and with the food. This positive assessment was confirmed, by two relatives, who met with the inspector on the day.

Following an introductory meeting, the inspector was accompanied on a walk around the unit by the person in charge. The inspector observed that the centre was kept in a very clean condition, and two staff, from an external agency, were seen to spend the morning cleaning, washing and dusting the centre. The result of this was that there was a fresh, pleasant smell in all areas, which enhanced the environment for residents.

The centre was comprised of a detached unit, within Sarsfield's Court Hospital campus, in Glanmire. The unit was built in the mid 1900's and consequently required major work, in the last number of years, to update and renovate it to a high standard, to include new flooring, fire safety works and painting. Colourfully, planted flower pots were placed at the entrance and there was a lovely veranda and well kept garden available for residents' use. Two residents were seen to be accompanied outside during the day and visitors were seen to go out also. Bedroom accommodation consisted of five, spacious, three-bedded rooms and one single room. Due to the fact that there were ten vacancies, four of these rooms were occupied by one resident and one bedroom accommodated two residents. The single room was kept vacant, in case of an outbreak of infection. There were fresh roses on the coffee tables in two rooms, which made the rooms look very bright and homely. Toilets and showers were shared and these were located across the hall from the bedrooms. Other aspects of the premises, requiring action, were highlighted under Regulation 17.

Residents' and family meetings were held regularly, where issues such as, food choices, laundry, and activity, were seen to have been discussed. Families and residents were consulted about relevant issues and upcoming events. Residents were observed to engage in some activities on the day of inspection, including beauty treatment, walks, reading and singing with staff. The inspector saw that a tea trolley was brought around at intervals and the snacks and drinks were greatly enjoyed. Residents were observed to be afforded choice in where they spent the day. Three residents sat in the main sitting room, watching TV, in the company of staff. This room was suitably decorated with colourful furniture, books and a large TV. The foyer was favoured by two residents in particular, where they were seen to relax, read the paper, and watch the comings and goings of staff and visitors. One

resident was in bed, as they had been assessed as requiring bed rest, due to their medical and psychological needs. There was a visitors' room in the centre which was equipped with a kitchenette, and well as a communal, relaxation room.

Food served at dinner and tea time looked very nice, with three choices being served up with care. When residents required help from staff with meals, they were supported in a respectful manner. Residents told the inspector that they really enjoyed their food and they were afforded sufficient time to eat their meals, in a leisurely manner. Documentation provided evidence that all residents were maintaining their body weight. The inspector observed that there was a colourful, pictorial, menu board in the dining room and the furniture and decor in this room was modern, and of high quality.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The inspection was unannounced. The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored, and safe for residents, were well defined. A number of areas of good practice were observed. The inspector found that, generally, there were comprehensive audit and management systems set up in the centre, ensuring that good quality, safe care was delivered to residents. Nonetheless, there were some aspects of rights, and the premises, which required action, to fully comply with regulations for the sector. These issues impacted on the findings, in relation to governance and management also, as highlighted under regulation 23.

The centre was managed by the Health Services Executive (HSE). A senior HSE manager was nominated to represent the provider, and they liaised with the management team. From a clinical perspective, the care team in the centre was comprised of the person in charge, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as, catering, household and maintenance staff, as required. Staff meetings were held regularly. Complaints management and key performance indicators (KPIs, such as falls, restraint and person-centred care) were reviewed, and discussed at these meetings.

The registered provider had a number of policies in place, to guide staff practice and staff recruitment processes, as required, under Schedule 5 of the regulations. The annual review, of the quality and safety of care for 2023, was made available for review. The audit schedule was set out at the beginning of each year and aspects of residents' care were audited monthly. Clinical indicators were being monitored, in areas such as, skin integrity, infections, and dependency levels.

The centre was well resourced. The training matrix was reviewed. Evidence seen indicated that staff had received mandatory training and other training, appropriate to their roles. This included training on recognising and reporting allegations of abuse, and training in infection control processes. Twice daily handover reports and information at staff meetings, ensured that information on residents' needs was communicated effectively. Documentation seen in residents' care plans, provided evidence that up-to-date information was used to review care plans every four months, or as required. Copies of the appropriate standards and regulations for the sector were available, and discussed with staff.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of four staff personnel files were reviewed. These were seen to contain all the required details. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff, prior to commencement of employment. Incidents and accidents were recorded and were notified to the regulator as required. Complaints were well managed and documented. Insurance was in place for the centre and residents' contracts, were well maintained.

Regulation 16: Training and staff development

The training matrix was reviewed.

This indicated that all the required mandatory and appropriate training was up to date, Staff confirmed that they had understood the training, and evidence was seen through out the day of aspects of the training being implemented in practice.

There were sufficient staff on duty to attend to residents' needs, and senior staff were on duty, for supervision purposes.

Annual staff appraisals were undertaken and this documentation was available for review.

There were qualified nurses on duty over the 24 hour period.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained details of the elements required under the regulations:

For example:

The name and address of the resident's GP, the name of the resident's preferred contact, and the cause of death, when known.

Judgment: Compliant

Regulation 21: Records

Records were well managed.

The required regulatory records were available.

The filing system in the centre was secure and documents were easily retrievable.

A sample of staff files were well maintained and complete.

Judgment: Compliant

Regulation 22: Insurance

Evidence was available that the centre was insured. in accordance with the HSE insurance policies for designated centres.

Judgment: Compliant

Regulation 23: Governance and management

While there were a number of comprehensive management systems established, further action was required, to address a number of outstanding issues :

This was evidenced by:

- Premises issues, such as, shower room update and windows cleaning or replacement: detailed under regulation 17: Premises.
- Not all residents' rights and choices were supported, as described under regulation 9: Residents' rights.
- Significant management decisions regarding the centre had not been discussed and communicated to residents, relatives and staff

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were well managed.

The complaints policy had been updated, in line with regulatory changes and the information on complaints management was displayed in the foyer.

Complaints were infrequent. Those that were documented were addressed, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Overall residents in Unit 1, St Stephen's hospital were found to be supported to have a good quality of life which was respectful of their preferences. Staff had completed training modules in applying a human rights-based approach to care. Findings on this inspection, demonstrated good compliance with the regulations inspected against. Nevertheless, in this dimension of the report, action was required, in the areas of residents' rights, regulation 9, and regulation 17, premises.

Residents' health-care needs were met. There was weekly access to the medical team. Systems were in place for referral to specialist services, as described under regulation 6: health-care. Residents' records contained evidence that a comprehensive assessment was carried out for each resident prior to admission. This was observed to be used to underpin each person's care plan. There had been no new admissions to the centre for a period of time, and the person in charge said that admissions had been put on hold, by the HSE.

The inspector observed that the registered provider had invested in upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre required some upgrading now, as wear and tear was evident in some areas. The bed linen and residents' personal clothes, were laundered in the small, but well-equipped in-house laundry. The centre was observed to be very clean and staff were seen to adhere to good infection control practices, such as good hand hygiene practices. Some required premises improvements were described, under regulation 17.

There was good practice observed in the area of fire safety management within the centre. This was described in detail under regulation 28.

A safeguarding policy provided guidance to staff in relation to protecting residents from the risk of abuse. Staff demonstrated knowledge of aspects of their safeguarding training and their responsibilities to report any suspicions.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The dining experience was seen to be enjoyable and residents were observed to really enjoy the food, the choice and the variety available

It was evident that residents were included in meetings every three months, and were consulted informally through the daily communication with the staff team. Nonetheless, in relation to daily choice, while there were some opportunity to avail of activities the inspector found that the variety of different and meaningful activity was not available. For example, residents were seen to walk outside occasionally, with staff. However, residents would have benefited if the external doors to the garden were left unlocked, to enable free access to the lovely, planted veranda and if opportunities were made available to them to go on outings, such as an outing to the activity centre on campus. Residents were seen to employ "exit seeking" behaviour, which may be due to lack of stimulation, one-to-one attention, or simply a desire to go outside. In addition, all aspects of the running of the centre had not been communicated to key stakeholders. The above issues were actioned under regulation 9.

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations.

For example, while a number of windows had been replaced, a small number of windows still required replacement or deep cleaning and painting. These windows were the original, metal framed ones, and were seen to be ingrained with hard dust, which had become very difficult to remove in the regular daily cleaning regime.

In addition, one shower room was not in use, due to the presence of a large, high shower tray unit, which prevented staff from standing next to residents, when showering them. In addition, there were windows and shelving units in this room which required replacement, to ensure effective cleaning.

Scuffed areas were seen on the walls of some rooms, including the sitting room and a number of bedrooms, which required touching up with paint.

Judgment: Substantially compliant

Regulation 20: Information for residents

An information booklet was available for residents:

This contained details of the service on offer, as well as the complaints procedure.

Judgment: Compliant

Regulation 28: Fire precautions

Good practice was identified in the area of fire safety management:

1. All staff were afforded the required annual training,
2. Certification was available in relation to servicing of fire safety equipment.
3. Fire safety checks were comprehensively documented, including the weekly fire alarm test.
4. Advisory signage was displayed in the event of a fire.
5. Training records also evidenced that fire drills were practiced, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating residents, at times of high risk.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed and monitored:

- Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations, under relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.
- Medicines were reviewed four monthly.
- Medicine administration charts and controlled drugs records were maintained, in line with professional guidelines.
- Where residents were prescribed medicines to be crushed, this was clearly documented by the medical team.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were seen to be well managed:

A sample of care plans were reviewed.

- These were found to be developed in conjunction with residents and their relatives.
- Evidence based clinical assessment tools were used to assess risks such as nutrition, falls and skin integrity.
- A plan of care was then developed based on the findings of these assessments to guide staff in meeting the identified needs.

Judgment: Compliant

Regulation 6: Health care

Health care was, generally, well managed in the centre:

- The medical team visited regularly and relevant notes were recorded of examinations and reviews.
- A chiropody service was now facilitated on a regularly six-weekly cycle.
- A review of medical records, in a sample of care plans, indicated that recommendations from residents' doctors were integrated into their care plans.
- Advice from the dietitian, the physiotherapist and the speech and language therapist (SALT) was documented.
- A range of clinical assessment tools were used to underpin the development of the person-centred care plans. One such tool, the malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition. Appropriate action was taken, such as the use of dietary supplements or referral to the dietitian.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in managing responsive behaviour:

Relevant care plans reflected best practice, including the use of a clinical assessment tool, to analyse any antecedent and describe the consequence of the behaviour.

The centre had reduced the number of restraints (such as bedrails) in use, and generally where restraint was used it was risk assessed and used in line with the national policy.

Issues relating to locked doors to the garden, requiring action, were addressed under regulation 9: residents' rights.

Judgment: Compliant

Regulation 9: Residents' rights

As found on previous inspections residents' rights required strengthened to comply with the regulation which specifies facilities for occupation and recreation, as well as opportunities to participate in meaningful activities, in accordance with residents' interests and capacities:

There was a lack of relevant reading materials, items of interest and personalised pictures related to residents' past lives and experiences in evidence around the bedrooms and communal rooms.

A previous occupational therapist (OT) service was no longer available, as the post of OT was now vacant and had not been filled. Staff from the activity centre, including an (OT), had previously organised external outings, to the Valley centre on site, and supported staff in providing internal activities in the centre. Staff from the activity centre now attended Unit 1, on only one afternoon a week and outings had not been facilitated. The OT was now made available through referral.

As a consequence of the lack of activity coordination, residents were seen to spend periods of the day, particularly in the afternoon, without sufficient, meaningful activity. As a consequence, two residents were seen pacing in the hall and trying to go out to the external gardens. Meaningful activity and outings, may provide an interesting interlude for these residents, and a greater sense of contentment would be generated for those who were lacking adequate social engagement.

There was a lack of consultation for residents and their relevant relatives, in relation to the organisation of the designated centre. By way of example, visitors spoken with expressed confusion, as to why admissions were not being allowed, as they missed the previous opportunity for more social engagement for residents, as occurred when the centre accommodated a larger group of people. Those spoken with felt that there was a lack of communication and opportunity for participation afforded to all involved, in relation to the above issue.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Unit 1 St Stephen's Hospital OSV-0000715

Inspection ID: MON-0044397

Date of inspection: 25/07/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• Monthly Maintenance and Quality Walkarounds incorporate Unit 1. These monthly walkarounds are attended by Senior Nurse Management, Medical Representatives and a member of the Local Area Management Team (on rotation). The team record any identified maintenance and quality issues for resolution.• An information pack is currently been collated for Residents on Unit 1.• The Occupational Therapy provision of 1 session per week will be reinstated once the full complement of Occupational Therapy for North Cork is in place.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Painting touch ups for scuffed areas in rooms has been requested via the Avanti maintenance request log system.• An external cleaning company has been engaged to complete a deep clean on the windows in Unit 1 which will commence w/c 9th September, 2024.• A quotation for the identified windows in Unit 1 that require replacement has been requested and a business case will follow.	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Funding has been approved for a weekly allocation of one hour of services provided by the cork education and training board. This service will consist of music and reminiscence groups. • A nurse attends unit 1 for one hour weekly from Valley View day center. This service consist of sonas and music groups. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	01/09/2024
Regulation 9(2)(b)	The registered provider shall provide for	Substantially Compliant	Yellow	31/10/2024

	residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/10/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2024