**Health Information and Quality Authority**

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Patrick's Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000589</td>
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<tr>
<td>Centre address:</td>
<td>Cahir Road, Cashel, Tipperary.</td>
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<tr>
<td>Telephone number:</td>
<td>062 61100</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:mary.prendergast2@hse.ie">mary.prendergast2@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>94</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>40</td>
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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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
10 January 2018 10:00 10 January 2018 16:50
11 January 2018 08:30 11 January 2018 14:30

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

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<tr>
<th>Outcome</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
An application was received by the Health Information and Quality Authority (HIQA) to renew the registration of this designated centre. Prior to the inspection the provider was requested to submit relevant documentation to HIQA. The inspector reviewed this documentation, ascertained the views of residents, relatives and staff members, observed practices and reviewed records as required by the legislation.

St Patrick’s Hospital provides residential, rehabilitation and respite care to older adults. There are two residential care wards and a rehabilitation ward located on the main campus of St. Patrick’s Hospital in Cashel, a satellite unit known as ‘St Anthony’s' which is located in Clonmel and a residential care unit known as St Clare’s which is located on the grounds of Our Lady’s Hospital in Cashel. Previous inspections have identified that the premises at St. Patrick's Hospital consisted mainly of ward-type accommodation and the physical environment was not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose.
and was not conducive to meeting the needs of residents. The Health Service Executive (HSE) has committed to replacing St Patrick’s Hospital with a new build by 2021, in accordance with ‘New Build’ Standards and Regulations. The advertisement for the appointment of design teams was issued in October 2017. It is currently proposed that the tender process will be completed by end Q1 2018 and the Design Teams will commence their work on the various new builds.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated knowledge of the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation. Day-to-day management responsibilities are with the person in charge and assistant director of nursing. Residents were very complimentary about the care and support provided by staff and management.

HIQA had received unsolicited information prior to this inspection on two separate occasions in 2017 regarding the condition of the premises and staffing issues. On this inspection the inspector found that the provider had in the main met their legislative responsibilities and the information received was not substantiated with the exception of issues related to the premises.

On this inspection the inspector found that action plans which related to the premises would not be completed until the new builds were operational. Although a smoking area in the existing building was not ideal, the risks associated with smoking had been suitably addressed. The inspector was informed that funding had been secured to relocate the smoking area on this ward. As identified in all previous inspection reports, the accommodation in the larger multi-occupancy rooms in three of the four wards did not achieve the aims of the service as outlined in the statement of purpose. The inspector found that the environment impacted on the well-being of residents. There was very limited personal space for residents and individual personal possessions. Since the previous inspection some improvements had been completed such as four beds had been removed in St. Anns/Bernadette’s ward as vacancies arose and St. Michaels ward had been closed.

The inspector met and spoke with a number of residents and relatives during the inspection. Feedback was also received in the form of questionnaires distributed through the centre prior to the inspection. Feedback was very positive and staff were complimented on their caring attitude and helpfulness.

A routine of daily activities was in place and facilitated by a diversional therapy team. Safe and appropriate levels of staffing and supervision were in place to maintain residents’ safety and meet their care needs. Residents' healthcare needs were met with referrals to medical and allied health professionals. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse. Residents told the inspector that they felt safe in the centre.

Overall, with the exception of aspects of the premises there was a good level of
compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. In particular there was a good system of governance and an emphasis on continual improvement.

The findings of this inspection are discussed in the body of the report and three actions required are included in the action plan at the end for response.
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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
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.

Theme: Governance, Leadership and Management

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

Findings:
On the previous inspection it was found that the statement of purpose and function was inaccurate in relation to bed numbers. This had been rectified.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations. It was kept up-to-date and the inspector found that the way services were delivered reflected the aims and objectives that were outlined in the statement of purpose.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:
Compliant

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 quality of care and daily experience of residents were monitored and reviewed on an ongoing basis. Effective management systems were seen to be in place. The person in charge was supported by a good management structure with experienced management personnel in place such as an assistant director of nursing, training facilitator/co-ordinator and an advanced nurse practitioner (ANP) in dementia. Clear lines of authority and accountability were set out. Detailed handover meetings were held by all staff. The inspector saw evidence of management and staff meetings and found that issues were addressed in a proactive way.

There were no changes to the person in charge or within the management team since the previous registration. Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were approachable, kind, friendly and helpful.

Clinical audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans and nutritional risk. This information was available for inspection. There was a low level of serious incidents, accidents and complaints were reported as observed by the inspector.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017. Identified improvements such as satisfaction surveys, “getting to know me” booklets and audits had been completed. A further proposal was to appoint an ANP which had been completed.

Discussions with residents during the inspection and satisfaction surveys completed by or on behalf of residents were in the main very positive in respect to the provision of the care and the services provided. Residents and relatives said they were involved in decisions and care planning. There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and via a formal resident forum. There were ten advocacy officers employed throughout the service who also supported residents. Residents reported that they were listened to, knew their rights and who to raise a concern with.

**Judgment:**
Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

Findings:
There has been no change to the person in charge since the previous inspection. The person in charge held the post full-time. She was a registered nurse with the required knowledge of the sector and of management systems. She demonstrate clinical knowledge and a sound knowledge of the legislation and her statutory responsibilities. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities.

During the inspection the person in charge demonstrated a commitment to ensuring a good standard of care to residents and a positive attitude to regulation. All documentation requested by the inspector was readily available. The person in charge along with the management team demonstrated a clear commitment to delivering quality care to residents, while continually striving for excellence.

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):
No actions were required from the previous inspection.

Findings:
Policies and procedures were in place for the prevention, detection and response to abuse. This had been updated and referenced best evidenced-based information and practice. Staffs with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular, relevant training sessions. Training records were reviewed which confirmed this. Residents stated they felt safe and attributed this to the attentiveness and kindness of staff.

A policy reflecting the national guidance principles was available to guide restraint usage. The centre aimed to promote a restraint free environment that was reflected in practice as observed by the inspector. There was a very low percentage of restraint in use in all units as observed by the inspector. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, staff member and general
practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. The inspector was informed that various alternative equipment such as, low low beds, sensory alarms and floor mats, were available and tried prior to the use of bedrails.

Due to their medical conditions, some residents displayed responsive behaviours. Support from the community psychiatry team was reported and observed in the records reviewed. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff. No residents were receiving p.r.n (a medicine only taken as the need arises) medicines at the time of this inspection. There were procedures in place to ensure administration was monitored and appropriate.

Support and distraction techniques were seen used by staff for those with dementia and responsive behaviours. Education and training in this area was provided and planned to ensure staff could to identify antecedents and/or triggers of behaviours and to minimise the consequences or impact on others. Staff spoken with were familiar with the interventions used to respond to residents' behaviour that may challenge. Behaviour logs formed part of the assessment and care-plan process. Structured programmes of group activities were available and time was provided for individual activities also.

There were adequate systems in place in relation to the management of residents’ finances in line with HSE national policy.

**Judgment:**
Compliant

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
The centre had policies and procedures relating to health and safety that included a health and safety statement and risk management policies to include items set out in Regulation 26(1). There were policies and procedures in place for responding to major incidents.

Arrangements were in place for investigating and learning from audits, incidents and adverse events involving residents. Measures and actions were taken to prevent incidents included increased supervision, activity and support equipment. A risk register was maintained that assessed/rated identified risks (actual and potential). Control measures were put in place following assessments and implemented to promote resident safety. The management team completed regular reviews of incidents and
accidents involving residents to identify trends, the key cause or likely factors in order to inform control measures.

The inspector viewed the fire safety measures and found that the arrangements in place met legislative requirements. There was an accredited fire safety trainer on site. The training records confirmed that all staff had received fire safety training and staff who spoke with the inspector knew what action to take in the event of a fire. The fire training was supplemented by fire drills. The centre maintained a personal emergency evacuation plan (PEEP) for each resident which noted the assistance they required in the event of an evacuation.

There were fire safety action signs on display with route maps to indicate the nearest fire exit. These signs were clear and displayed prominently throughout the units. There were maintenance records that conveyed the fire equipment had been regularly serviced. The fire alarm was serviced quarterly as required and emergency lights and extinguishers were serviced annually on a contract basis. The inspector found that fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record safety checks of fire extinguishers, the fire panel and the fire escape routes. The records reviewed indicated that checks were up to date.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities and hand sanitisers were available. Staff were seen using these facilities appropriately and between resident contact. The standard of cleanliness throughout the units was good.

A manual handling assessment had been completed for all residents and staff members had completed training in moving and handling of residents.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There was a policy and procedures for prescribing, administering, recording, storing and disposing of medicines. A sample of medicine prescription sheets were reviewed and the inspector found that medicines were administered in line with the prescription and the recording sheet was signed by nurses. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were clear and legible.
Medicines being crushed were signed individually by the general practitioner (GP). Where residents required their medicines in a crushed form alternative liquid forms of the drugs were sought where possible as observed by the inspector. The inspector saw that the temperature of the fridge used for storing medication that required refrigeration was checked daily.

All medicines were stored in within locked trolleys, presses or a fridge. All controlled (MDA) medicines were stored appropriately, and a register of these medicines was maintained with the stock balances seen checked and signed by two nurses at the end and beginning of a working shift. A system was in place for reviewing and monitoring safe medicine management practices and reporting any errors.

An audit and review system that included the training coordinator who was also a registered nurse prescriber, a member of staff from the nursing team, the resident’s general practitioner (GP) and the pharmacist were involved in medicine reviews to improve the overall management and review of medicines.

An arrangement for the regular review of prescribed medicines including PRN (as required) medicines by the GP was in place, and records were available to demonstrate this arrangement was implemented in practice. While there was a system in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents this was not consistently delivered throughout all of the units.

Judgment:
Substantially Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The arrangements to meet residents’ assessed needs were set out in individual care plans. The inspector found a good standard of personal and nursing care was in place and good access to medical and allied health care professionals was available. Recognised assessment tools were used to determine residents’ needs, evaluate progress and to assess levels of risk in relation to falls, nutritional care, risk of developing pressure sores and changes in behaviour. There was a record of the
The inspector reviewed a sample of resident’s care plans and focused on aspects of care where responsive behaviours and dementia were a feature for care practice. Care plans for residents observed to require significant staff input were also examined. Care plans were noted to be updated at the required intervals and in response to changes in residents’ health conditions. The risk assessments completed had associated care plans where a need was identified. Staff conveyed good knowledge about residents’ care needs and were well informed about residents’ who had fluctuating moods and behaviour that had potential to change. There were care plans to guide practice and behaviour records were maintained to help staff identify patterns of behaviour and possible triggers.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. There was evidence that residents received timely access to health care services. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care.

Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medicine reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as required. The inspector noted that caring for residents at the end-of-life was an integral part of the services provided.

There were systems in place to ensure residents' nutritional needs were met, and that residents did not experience poor hydration. Residents' weights were checked on a monthly basis or more frequently if the need arose. Care plans were in place that outlined the recommendations of dietitians and speech and language therapists. Nutritional intake records were in place, and completed where required.

The inspector observed that residents or their representatives were involved in the development and review of residents’ care plans. The clinical nurse managers and nursing staff also made arrangements to discuss care and welfare issues with relatives to discuss care plans. Nursing staff completed daily progress entries. The inspector saw that this recorded information was informative and gave a good overall picture of residents on a daily basis ensuring that their needs were met.

**Judgment:**
Compliant

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**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:**
St Patrick’s Hospital currently provides residential accommodation to residents in four continuing care wards. Two of these wards St. Anns/ Bernadettes Ward and St. Benedict’s Ward are located on the main campus of St. Patrick’s Hospital. St. Anthony’s unit is located in Clonmel approximately 14 miles from Cashel and St. Claire’s Ward is located on the grounds of Our Lady’s Hospital in Cashel. In addition there are 21 rehabilitation and three respite beds located on the main campus of St. Patricks Hospital.

Each unit has a defined complement of residents who are accommodated in shared facilities of two, three, four, five and six beds per room.

St. Clare’s Ward: This ward has 11 residents and is located on the grounds of Or Lady’s Hospital in Cashel. Bedroom accommodation comprises nine single and one twin room. The bedrooms were all spacious, with a large en-suite and wheelchair accessible shower, a toilet with contrasting grab rails and a wash-hand basin. Residents’ accommodation comprises an open plan living area close to the entrance hall. There were two assisted toilets and a quiet room to meet with visitors in private. There was a spacious dining room which had large windows with views of the summerhouse and the garden. This unit met the needs of residents as outlined in the statement of purpose and function.

St. Bridget’s Rehabilitation Centre: This ward is located on the campus of St. Patrick’s Hospital. 21 residents can be accommodated in this unit. All of the bedrooms are four bedded, bright and spacious. There are four shower rooms, a wet room and two toilets. There is a dining and separate communal area for residents. There is a maximum stay of 30 days in this unit as outlined in the statement of purpose and function therefore the multi-occupancy bedrooms do not impact on residents on a continuous basis as residents who avail of rehabilitation services are discharged.

A judgment of major non-compliance in relation to aspects of the premises remains, because the ongoing issues with three of the existing continuing care wards will not be resolved until the new Community Nursing Units (CNUs) come into operation in 2021. The provider had taken measures to improve the multi-occupancy bedroom facilities for residents by removing some beds as vacancies arose. Four beds had been removed in St. Anns/Bernadette’s ward and St. Michaels ward had been closed since the previous inspection. Currently the bed capacity in these wards is as follows:
St. Anns/ Bernadettes Ward: This ward is located on the main campus of St. Patrick’s Hospital. 26 residents are accommodated over two floors. There is a passenger lift available. There are two single rooms and the rest of the bedroom accommodation is multi-occupancy. There are three toilets, two shower rooms, bathroom and one bedroom is en-suite. There is no separate dining space on one floor in this ward. This ward does not meet the needs of residents in relation to the physical environment. The inspector observed in the multi-occupancy bedrooms that residents did not have space to put a chair beside their bed. Televisions were not visible to some residents in the multi-occupancy bedrooms.

St. Benedict’s Ward: This ward accommodates 23 residents and is located on the main campus of St. Patrick’s Hospital. All bedroom accommodation is multi-occupancy with the exception of one room. There are two shower rooms, a bathroom and a toilet. There is no separate dining space on this ward. The location of the smoking room in this ward is wholly inadequate. However the inspector was informed that works were due to start to relocate the smoking room to another area. This ward does not meet the needs of residents in relation to the physical environment.

St. Anthony’s Unit: This unit is located in Clonmel. 21 residents live on this unit. It comprises of four single rooms, three five bedded rooms and a twin room. There is one toilet, one bathroom and one shower room. There is a large bright, spacious dining/day room. The inspector observed that there was very limited space for clothing in wardrobes. The inspector saw a resident's clothes hanging from a nail on the wall. Other clothes were stored in plastic storage containers. The unit does not meet the needs of residents in relation to the physical environment.

Storage for equipment was limited in St. Anns/Bernadette’s, St. Benedict’s ward and St. Anthony’s unit. The inspector saw equipment stored in empty bedrooms, corridors and in a sitting room in these wards. Communal space was provided for residents on each ward. However, the inspector saw that this space was inadequate as it was combined dining/communal on the ground floor on St. Anns/Bernadettes and in St. Benedict’s. The inspector saw that in these wards, staff sought to deliver discreet personal care while other dependent residents were present in the room on the days of inspection.

Each resident’s personal space was defined by a screen curtain used for the purpose of providing them with privacy. The inspector observed that many residents in these multi-occupancy bedrooms had personal ornaments and photographs displayed. The inspector observed that there was very limited personal space for individual personal possessions. Photographs were on the wall behind residents’ beds therefore residents could not see them. The wardrobes were small and had very limited capacity to store clothes for residents.

Overall, the inspector concluded that three of the four continuing care wards as outlined above did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. The design and layout of the multi-occupancy bedrooms on three of the four continuing care units were not suitable for their stated purpose.

Judgment:
Outcome 13: Complaints procedures
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.

Theme:
Person-centred care and support

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

Findings:
There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and outlined in the Residents’ Guide and statement of purpose.

The complaint’s policy was in place and the inspector noted that it met the requirements of the regulations. A complaints flow chart format was on display in all the units and details of the advocacy officers and services were available on all units. There was evidence from records reviewed that complaints were managed in accordance with the HSE “Your Service Your Say” policy.

Complaints were recorded in a log with details of the nature of the matter, the actions taken to remedy the issue, the outcome and learning from the complaint and the satisfaction status of the complainant.

Residents and relatives spoken with during the inspection said that they would not have any hesitation in making a complaint to the nurse managers or person in charge but they also stated that staff responded promptly to any issues that arose.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The inspector saw that residents were consulted about how the centre was planned and run. There was a residents' committee which met regularly and residents who spoke with the inspector outlined that that they would raise any issues or concerns they had at this meeting or with the staff at any time. There was also a suggestions/comments box on all of the units if any resident, relative or staff member wanted to make any suggestions or comments. A detailed relative/resident satisfaction survey had been undertaken in 2017. Overall, the feedback was good. The results were concluded for review and available within a report. Any areas identified for improvement were completed.

Staff were observed assisting and speaking with residents in a friendly, patient and respectful manner, and displayed good knowledge of the residents' needs, preferences and personalities. Staff were familiar with all the residents. They know which residents chose not to spend time in the communal areas or participate in group activities, who preferred sleeping late in the mornings and who preferred having their meals in their bedrooms. Privacy screens were available in bedrooms accommodating more than one resident.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. Arrangements were in place for residents to attend mass and receive the Eucharist in the centre on a regular basis. Residents were registered to vote.

Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings and visits by members from the local community was facilitated. Both residents and staff confirmed to the inspector that outings were a regular occurrence and the inspector saw many photographs displayed in each unit. There was a day service on site and some residents attended this service. All residents had access to a secure outdoor space with seating available. Residents were observed to move around freely and were appropriately supported by staff while mobilising if required.

Facilitating the social needs of residents and their families was fundamental to the ethos of the centre as observed by the inspector. Varied programmes of quality recreational activities were provided for residents. There were 2.5 wholetime equivalents designated to diversional therapy/activities. Entertainment from external sources was also arranged such as art therapy, live musicians and visits from transition year students. In-house activities included arts and crafts, bingo, exercise sessions, card games, baking and Sonas sessions (a therapeutic activity for residents with dementia). There were ten advocacy officers also employed on a voluntary basis. The inspector saw that they spent time sitting and chatting with residents. There was an open visiting policy in the centre and residents confirmed that relatives were made to feel welcome in the centre. The inspectors saw many visitors coming and going during inspection. The inspector received a total of 31 completed questionnaires in relation to the quality of the service. Those who completed questionnaires were complimentary of the care and service provided.
However, the inspector observed that residents could be woken from their sleep by noise from fellow residents or staff providing care. Residents’ privacy was also negatively impacted in multi-occupancy bedrooms as bed-screens did not ensure they could hold private conversations with visitors or any other health professionals. Insufficient space between residents’ beds and screen curtains in these rooms did not ensure their privacy could be maintained during personal care or transfer procedures. Screening curtains did not offer residents protection from noise or odours. In some of the multi-occupancy rooms there was not enough space to allow a resident to have a chair beside their bed.

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):
No actions were required from the previous inspection.

Findings:
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Staff who spoke with the inspector said that there was sufficient staff on duty day and night. Residents and relatives who spoke with the inspector did not raise any concerns with staffing levels.

Observations confirmed staff were deployed to meet resident’s needs. Staff told the inspector that there was good team spirit amongst the staff and everyone worked together. The inspector saw that copies of the standards, policies and procedures and best practice guidelines were available to all staff.

Staff members were knowledgeable on the needs, preferences and personalities of the residents and were observed speaking and assisting them in a friendly, patient and respectful manner. Staff were knowledgeable when asked of the procedures for responding to alleged or suspected abuse incidents, what their role was in the event of
an emergency, how complaints are recorded and to whom they directly reported. Regular appraisals were conducted for all staff by the nurse managers on each unit.

Training records revealed that there was a very good level of clinical practice and mandatory training provided to staff. Staff spoken with told the inspector their learning and development needs were being met. In addition, staff were supported to deliver care that reflected contemporary evidence-based practice. Registration details with An Bord Altranais agus Cnaimhseachais na hÉireann for 2017 were maintained for staff. Samples of these were seen by the inspector.

There was a recruitment policy in place and staff recruitment was in line with the regulations. The person in charge said that all staff were Garda vetted. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff. A sample of four staff files was viewed by the inspector. These were seen to contain all the regulatory requirements set out in Schedule 2 of the regulations.

**Judgment:**
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:**

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Patrick's Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000589</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/02/2018</td>
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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 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While there was a system in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents this was not consistently delivered throughout all of the units.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

**Please state the actions you have taken or are planning to take:**
Following consultation with the Chief Pharmacist in South Tipperary General Hospital, a business case is being prepared for 1 WTE Pharmacist who would provide a service to St. Anthony’s Unit Clonmel, the 2 District Hospitals in South Tipperary, in addition to additional support to St. Patrick’s Hospital in Cashel, in order to ensure compliance with the guidance issued by the Pharmaceutical Society of Ireland. This business case will be submitted to the Head of Social Care. In the event that the additional post is not approved then a Community Pharmacist will be sourced to provide a service to St. Anthony’s Unit.

**Proposed Timescale:** 30/04/2018

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The design and layout of the existing premises did not meet the individual or collective needs or residents.

**2. 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:**
Local Management Older Persons Services will continue to work with Technical Services regionally as they progress the development of Community Nursing Units. Technical Services confirmed week of the 5th February that St. Patrick’s Community Nursing Unit, Cashel would be developed through the HSE Capital development funding stream with St. Anthony’s Unit Clonmel being developed through a Public Private Partnership arrangement. Once these units are in place the individual and collective needs of residents will be met.

**Proposed Timescale:** 31/12/2021

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The wardrobes were small and had very limited capacity to store clothes for residents. Televisions were not visible to some residents in the multi-occupancy bedrooms.

3. 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:
All wards within St. Patrick’s Hospital Cashel and St. Anthony’s Unit Clonmel have been re visited since the HIQA re registration inspection. Arrangements are being made to purchase additional televisions to ensure that all residents can have clear visibility of a television. Additional Wardrobes are being put in some wards where it was felt that residents did not have adequate wardrobe space.

Proposed Timescale: 28/02/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents' privacy was also negatively impacted in multi-occupancy bedrooms as bed-screens did not ensure they could hold private conversations with visitors or any other health professionals. Insufficient space between residents' beds and screen curtains in these rooms did not ensure their privacy could be maintained during personal care or transfer procedures. Screening curtains did not offer residents protection from noise or odours.

4. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Residents within St. Patrick’s hospital will be facilitated in as much as possible to move to a quiet area e.g. Day Room, while entertaining visitors. At the Clinical care meeting scheduled for the week of the 12th February, CNM2s will be reminded of the requirement that the care and dignity of the Resident must be respected at all times. They, in turn, will reinforce this requirement with Staff Nurses and Multi task attendants on the Wards.

Proposed Timescale: 09/02/2018