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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Mary's Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000538</td>
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<tr>
<td>Centre address:</td>
<td>Dublin Road, Drogheda, Louth.</td>
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<tr>
<td>Telephone number:</td>
<td>041 989 3201</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:seamus.mccaul@hse.ie">seamus.mccaul@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>Provider Nominee:</td>
<td></td>
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<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</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>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>37</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 02 July 2019 09:00
To: 02 July 2019 16:30
From: 03 July 2019 08:30
To: 03 July 2019 12:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self-assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This report sets out the findings of a dementia thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspector followed up on the three action plans from the previous inspection and found they had been addressed.

The inspector found residents with dementia were well cared for in this centre. They were involved in decisions about their care and had a say in all aspects of their life. There were 37 residents and one vacancy on the day of the inspection. Two residents were inpatients in the local acute hospital, 23 of the 37 residents had a diagnosis of dementia. The centre does not have a dementia specific unit, residents with dementia live in both Sunnyside and Meadow View Unit.
Prior to the inspection, the provider completed the self-assessment questionnaire in relation to six outcomes. The self-assessment and inspection judgments are set out on the table above these and relevant policies submitted prior to the inspection were reviewed by the inspector.

The inspector reviewed the assessed care needs of residents and tracked the journey of a sample of four residents with dementia within the service. The inspector met with residents, relatives and staff and reviewed documentation such as nursing assessments, care plans and medical records. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool.

The person in charge of this centre was well supported by the provider representative and persons in charge from two other registered centres in County Louth. The staffing levels and skill-mix were good. There were no staff vacancies. Residents received a high standard of care from a team of well-trained staff. They said they were treated with respect and dignity at all times.

Residents' said they felt safe and secure living in the centre. There was no restraint in use and those displaying behaviours that challenge had assessment and care plans in place.

Although the premises included a number of multiple occupancy bedrooms the provider and staff had worked to maximise the potential of the building to create an environment which suited residents with dementia. It was bright, airy and homely in appearance. Some minor improvements would further enhance the life of those living in the centre with dementia. Residents liked living in the centre some referred to it as home. They had access to activities which reflected their interests and met their needs.

The two action plans at the end of this report reflect the issues to be addressed.
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: Health and Social Care Needs

**Theme:**
Safe care and support

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

**Findings:**
The social and health care needs of those residents' living in the centre with dementia were met to a high standard.

The inspector focused on the experience of residents with dementia and tracked the journey of a sample of four residents prior to and since admission. The review also looked at specific aspects of care such as nutrition, wound care, mobility, access to healthcare and supports, medication management, end-of-life care and maintenance of records. Residents' healthcare needs were met through timely access to medical treatment. Residents had good access to a general practitioner (GP) and multidisciplinary professionals including psychiatry of old age and the local palliative care team. The inspector saw good evidence that recommendations made by multidisciplinary team members were followed up in a timely manner. The detail of reviews carried out was evident in the records reviewed by the inspector.

Residents' files held a copy of their pre-admission assessment and Common Summary Assessments (CSARS), which detailed assessments undertaken by professionals such as a geriatrician and members of the multidisciplinary team. Residents were assessed on admission to the centre using validated tools and risk assessments were completed, which were reviewed within a four month time frame. Person-centred care plans were in place. There was evidence of the resident and sometimes their next-of-kin being involved in the development and four monthly review of their care plan.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Residents' medications were prescribed by their general practitioner and these were reviewed within a four month timeframe. The medication prescription and administration chart had been reviewed. A new combined drug chart had been developed and was in the process of being implemented. A six month pilot of its use was due to commence on 15 July 2019.

Arrangements were in place to meet the nutritional and hydration needs of residents with dementia. There were systems in place to ensure residents' nutritional needs were
Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely every month. The processes in place ensured that residents with dementia did not experience poor nutrition and hydration. The inspector saw that the same choice of meals was offered and available to all residents respective of what food consistency they required.

There was a system of communication between nursing and catering staff to support residents with special dietary requirements. Food allergies and special diets were clearly recorded along with residents' likes and dislikes in the kitchen. However, there was no evidence that the residents’ dietary information recorded in the kitchen was being checked by nursing staff to ensure it was reflective of the residents assessed needs.

Residents told inspectors they had a choice as to where they ate their meals. The inspector observed staff sit with residents at lunch providing encouragement and assistance with their meal. Assistance was provided in a discreet and sensitive manner.

Staff provided end-of-life care to residents with the support of their GP and had access to the local community palliative care services if required. End-of-life preferences were discussed with each resident during their assessment and these were outlined in the residents person-centred end-of-life care plan. Residents had access to religious representatives which ensured their religious needs were met at the time of death.

Residents' in this centre had a good social life. There was an activities co-ordinator in each of the two units. They facilitated the residents to participate in a wide and varied schedule of activities of their choice. The activities were based on the assessed needs and preferences of the residents' including those with dementia. These activities occurred inside and outside the centre. For example, residents were linked in with the local secondary and National school. They were involved in a Music & Memory project that transition year students completed for older people living with dementia and Alzheimer’s in the community. Residents' really enjoyed being involved in this project which got National news coverage. They were invited and some attended the local National schools grandparents day. Each student adopted a resident as a grandparent for the day and they exchanged cards. They are also linked in with Drogheda and District Support 4 Older People who visit the centre and involve residents in activities. They have just purchased a rickshaw and are coming into the centre to take residents who would like to go on a spin in the rickshaw along the Boyne river pathway. Staff are being made available to accompany those who express an interest.

**Judgment:**
Substantially Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
**Findings:**
Measures were in place to safeguard residents with dementia from abuse.

There was a policy in place to safeguard residents and protect them from abuse. Residents and their relatives felt they were safe living in the centre. All staff working in the centre had up to date training in how to safeguard residents and those spoken to knew the procedure to follow.

There were systems in place to safeguard residents' finances. The centre was a pension agent for a number of residents, and the inspector found that the arrangements in place to manage these were in line with the Department of Social Protection guidelines. Records of residents' monies held on their behalf were clear, concise and easy retrievable. Receipts of expenditures were included in the records reviewed. Residents had access to a record of their account on demand.

There was a policy and procedure in place to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who displayed responsive behaviours had a comprehensive assessment and care plan in place. Those reviewed included the triggers and diversional therapies which worked effectively for the resident. One resident on PRN (as required medication) as a last solution to treat such behaviours had this reflected in the care plan.

There was a low use of restraint in the centre. Residents had access to alternative equipment which had led towards a restraint free environment. The centre was accessed by the use of a keypad to enter and exit the unit. The code was written below the keypad inside the unit so those residents who were capable of leaving the premises were not restricted to do so.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
Residents' were consulted with about all aspects of their care and were about the management of their home. They said they were treated with respect and dignity at all times.

Residents' held their meeting every six weeks which one of them or a relative chaired.
They discussed social activities, services in the centre and any other issues they wished to discuss at these meetings. Any issues brought to the attention of the person in charge were addressed without delay. The relatives were invited to attend meetings, educational sessions and outings organised for residents with dementia. They had recently requested the person in charge to set up a relatives' WhatsApp group to ensure they could all be informed of what was going on. This was in the process of being set up.

The management team had facilitated two evening information sessions on dementia for relatives and two for residents. The inspector was informed that there were a good number of attendees at all these sessions. Residents' with dementia also attended the town's Alzheimer's café a number of evenings each year. The management team had facilitated educational sessions in the centre and in the Alzheimer's café on restrictive practice and capacity.

Residents' religious needs were met. The local parish priest said Mass in the centre every second Wednesday and residents' are facilitated to go out to Sunday Mass in the two local churches which are located on either side of the centre. The inspector saw residents being facilitated to say the Angelus and the Rosary at their request.

Residents' who wish have been assisted in getting a library card and the local mobile library visits the centre each month. Residents with dementia are facilitated to select books and music of interest to them. Every two weeks a cinema in the town shows an old movie and some residents said they go to see it. On the day of inspection some residents were going to the local Arts Centre to see a vintage movie. They have received special passes for the Fleadh Cheoil na hÉireann which they have used and enjoyed in the past, they are hoping to attend again this year. Some residents told the inspector they love getting out and they still felt part of the community of which many had lived in all their life.

All residents had been registered to vote. Voting for the recent local elections took place in the centre and those who choose to vote were facilitated to do so. Local politicians were invited into speck to residents', they spoke highly of the one politician who accepted the invite and took time to come in and speak with them.

There were no restrictions on visitors and a private space was provided for residents to meet visitors in private. A visitors' sign in book was available at the front door.

Residents' had access to wifi and a transition year student had recently set each resident up with a personal email address. Residents' had access to a laptop. Skype was set up on this laptop and they were facilitated to Skype relatives. They also had access to television in their bedroom and in the communal rooms. There was a portable phone available for everybody's use.

Residents' privacy was now maintained as privacy screening was installed around each bed space.

Judgment:
Compliant
**Outcome 04: Complaints procedures**

**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 complaints policy in place that met the legislative requirements. It was implemented in practice.

The complaints procedure was on display and it was visible to residents. Residents and relatives of residents with dementia told the inspector that they knew they could complain to the staff. They felt they were listened too.

The nominated person to investigate and manage complaints had a record of verbal and written complaints maintained in the centre. The inspector reviewed this log and found that complaints received in 2018 had all been fully investigated. The complainant had been informed of the outcome of the complaint and their level of satisfaction with the outcome was recorded. There had been no complaints made to date in 2019.

The records held were clear, concise and easily retrievable.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The number and skill-mix of staff on the day of inspection was adequate to meet the needs of the 37 residents 23 of whom had a diagnosis of dementia.

Staff had mandatory training on fire, manual handling and safeguarding residents in place. They had completed training on caring for residents with dementia, cardiopulmonary resuscitation, hand hygiene and infection control. The supervision of staff was good with a clinical nurse manager on most days together with the person in charge. Staff had an appraisal completed by their manager on an annual basis.
There were no staff vacancies. Agency staff was being used to cover two staff on long
term leave, the residents were familiar with these staff, and they were paired to work
with a permanent member of staff. Relatives told the inspector they were familiar with
staff that provided continuity of care to residents.

Recruitment procedures in place reflected those outlined in the recruitment policy. A
sample of staff files were reviewed, they contained the documents outlined in Schedule
2 of the regulations.

**Judgment:**
Compliant

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### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

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

**Findings:**
The design and layout of multiple occupancy bedrooms did not sufficiently meet the
needs of the residents however, the needs of residents with dementia were met.

The inspector followed up on the action plan from the last inspection report. The last
action plan identified that the multi-occupancy room screening would be reviewed and
appropriate screening would be installed. The installation of screens had been
completed. The privacy of each resident in multiple-occupancy bedrooms was being
maintained.

The maintenance programme of works was ongoing. The inspector was informed that
funding required for the repainting of resident rooms and communal areas had been
granted and the inspector saw that these areas had been repainted. The communal
rooms were homely in appearance. They were decorated with soft furnishings, residents’
paintings, arts, crafts and photographs of recent outings.

Storage of equipment remains an ongoing challenge for example the medication trolleys
are stored along the corridors adding to a clinical environment within the centre. The
inspector was shown evidence of a recent quotation to install storage units in one area
of the centre.

The multi-occupancy bedrooms meant that each resident had a minimum amount of
private space available to them. The space behind each bed screen was large enough to
accommodate a bed, single wardrobe and bedside locker unit, a bedside chair and
bedside table. Despite the limitations with private space, the staff had worked to
maximise the living environment for all residents including those with dementia.

Bedrooms had been decorated with the use of bright homely coloured paint on some
walls. Each resident’s bed space was personalised with photographs, paintings, plants and items of importance to the resident. Shutters had been installed on windows in bedrooms and the residents’ said they liked them.

The reception area and corridors had been decorated with hall tables with lamps and plants giving a more homely look and feel to the centre. The visitor's room was utilised to accommodate any resident who wishes to receive a visitor in private outside of their bedroom space. The carpet in this room was heavily stained and required review.

Residents had direct access to a central courtyard from both of the sitting rooms. This was a safe, secure outdoor space where residents were observed enjoying the fresh air and summer sunshine. Residents with dementia had been involved in planting up some of the flower beds and pots in the courtyard.

The communal bathrooms appeared homely however those with no window did not appear to be well ventilated although they had a ventilation fan in place. The inspector noted that a bathroom in Meadow View and a toilet in Sunnyside both had a foul smell in the room during the walkabout. The ventilation in both these rooms was not adequate at this time. The inspector was informed that the foul smell had been due to an issue with drainage pipes and this was rectified prior to the end of this inspection. However, the inspector noted that there was no system in place to audit the ventilation in the bathrooms and toilets with no windows. The use of contrasting colours in bathrooms could be considered to enable residents to remain independent for longer.

Residents' photos were on their bedroom door with their consent. This facilitated those with dementia to find their bedroom independently.

**Judgment:**
Substantially Compliant

### Closing the Visit

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

**Acknowledgements**

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

**Report Compiled by:**

Sheila McKevitt  
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 Mary’s Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000538</td>
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<tr>
<td>Date of inspection:</td>
<td>02/07/2019</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/08/2019</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 01: Health and Social Care Needs

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The system of communication between nursing and catering staff required strengthening to ensure the dietary needs of a resident as prescribed by health care or dietetic staff, are based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The system of communication between nursing and catering staff to ensure the dietary needs of a resident as prescribed by health care or dietetic staff are based on nutritional assessment in accordance with the individual care plan of the resident concerned has been strengthened as follows:

The Person in Charge accepts that while recommended diets are communicated to catering staff, the ongoing governance of this process was not in place to ensure that these were reviewed and signed off by nursing personnel to ensure safety for each resident.

This system has been reviewed and the following process has been implemented:

- Any modified diets as recommended by speech and language therapy and/or dietetic services are transferred to the residents care plan and are communicated to all staff to ensure safety for the resident concerned.
- Nursing staff now hold a meeting with catering staff on Wednesday of each week, or more often if required, to ensure that there is a review of each resident’s dietary requirements. This will ensure that any modified diets as recommended are communicated in a clear and consistent manner.
- Nursing staff now sign off weekly, or more often if required, the agreed nutritional needs of residents with catering staff.

**Proposed Timescale:** 31/07/2019

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**Outcome 06: 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:**
Suitable storage for equipment was not available in the centre.
Safe floor was not provided in the visitors room - the carpet in this room was heavily stained.
Ventilation in one bathroom and one toilet was not suitable for residents in these rooms used by them.

**2. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.
Please state the actions you have taken or are planning to take:
Suitable storage for equipment was not available in the centre.
The Registered Provider and Person in Charge have recognised the challenge of storage facilities for equipment within the centre. This issue has been risk assessed and is included on the risk register for the centre.
An area has been identified which can be renovated in order to increase storage space within the centre.
A plan and a full costing for the installation of this extra storage space is currently being undertaken and once received will be progressed. When these works are completed the Statement of Purpose will be updated accordingly.

Safe floor was not provided in the visitor’s room - the carpet in this room was heavily stained.
The Person in Charge accepts the findings of the Inspector that the flooring in the visitor’s room requires changing. This is currently being costed for replacement of the flooring.

Ventilation in one bathroom and one toilet was not suitable for residents in these rooms used by them.

A full cleaning schedule is in place and is reviewed by the Person in Charge on a daily basis. An environmental audit is undertaken regularly and any findings are risk assessed and an action plan, within agreed timeframes, is formulated and actioned.
We will now incorporate into the cleaning schedules, an air quality audit to ensure that odours or poor quality air is kept to a minimum. This will be checked on a daily basis.

All extractor fans have been cleaned and blockages removed. All extractor fans are checked on a weekly basis to ensure full functioning of same by the PIC and recorded as appropriate.

A contractor has been commissioned to inspect all bathrooms and toilets in the centre and to make recommendations regarding any additional ventilation requirements. An automatic air freshener system has been incorporated into these areas in order to improve air quality.

Proposed Timescale: 31/12/2019