

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Mary's Hospital
Centre ID:	OSV-0000538
Centre address:	Dublin Road, Drogheda, Louth.
Telephone number:	041 983 8680
Email address:	seamus.mccaul@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 September 2014 09:30 To: 03 September 2014 18:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets the findings of a thematic inspection which focused on two outcomes, End of Life Care and Food and Nutrition.

Prior to the inspection the person in charge completed self-assessment forms in respect of these outcomes and relatives' completed questionnaires.

The inspection methodology included a review of documentation, obtaining the views of residents, relatives and staff and observing 2 meals, (lunch and evening tea).

The person in charge assessed the centre to be in minor non compliance under both outcomes. A number of actions had been identified to move towards full compliance. These matters were actioned or were in progress.

In the main, the inspector found that end of life care was person centred and respected the values, views and preferences of residents. There was good access to medical and specialist palliative care. In discussions with the staff group it was evident that they were supportive to the residents and relatives and provided care in a dignified manner. The inspector found that improvements were required to ensure that all care plans provide a comprehensive assessment of needs, that residents are consulted in relation to their end of life care and staff are trained in this aspect of

service provision.

The residents were provided with food and drink at times and in quantities adequate for their needs. The inspector saw that food was properly served, wholesome, nutritional and provided variety and choices of meals. Residents had access to allied health professionals such as medical, dental and occupational and speech and language therapists.

During meal times, staff facilitated residents to maintain their independence and provided discreet support as required. Residents and relatives were satisfied with this service. The dining experience was a positive, social experience for residents. While staff were trained in different aspects of nutritional care, for example diabetes, dysphagia there was no overall training in nutritional care.

The inspector found the 2 outcomes to be moderately non-compliant.

In addition to the two outcomes, the inspector noted non-compliances in other outcomes relating to the security of medicines, lack of a staff member to coordinate the care and provision of services in the 2 separate but distinctive units of the designated centre and the dignity and health care, of residents.

The action plan at the end of this report identifies the matters which require to be addressed in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

For a deceased resident, the directory of residents contained inaccurate information in relation to the named next of kin.

Judgment:

Non Compliant - Minor

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:

At the commencement of the inspection the inspector found that medicines were not secured safely as the medication trolley which was secured to the wall in a communal hallway was unlocked. The inspector brought this to the attention of the 2 nurses on duty. Immediately the trolley was locked. The inspector was informed that medicines had been administered and completed by approximately 08:45 hours. The nurse responsible informed the inspector that this was an oversight. The person in charge agreed to communicate with the staff nurse and provide further training in this area.

Judgment:
Non Compliant - Major

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:
Person-centred care and support

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

Findings:
A resident suffering from having had a stroke communicated to the inspector that in spite of the fact that a physiotherapist had arranged to visit the resident and provide therapy, this visit did not take place. The person in charge was able to check the diary of appointments and confirmed that 2 appointments had been arranged and agreed to follow this on behalf of the resident.

Judgment:
Non Compliant - Major

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:
Person-centred care and support

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

Findings:
The doors of kitchen cupboards in the dining area were loose and there was no cover for a kitchen drawer.

Judgment:
Non Compliant - Minor

Outcome 14: End of Life Care

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

End of life care was person centred and respected the values and preferences of individual residents.

The policy and procedure regarding this aspect of care had been updated, however, a staff member was not familiar with it. The person in charge informed the inspector that training was scheduled, however, had to be cancelled but has been rescheduled. In communications with staff, they identified there was no allocated time within their working period to read and become familiar with the designated centre's policies/procedures.

The provider-assessment questionnaire had been completed by the person in charge and the overall assessment was that the centre was primarily in compliance detailing only minor non-compliances. Areas for further improvement related to the following:

- No specific policy on records in relation to a deceased person.
- No formal system in place for residents to express their wishes to a staff member.
- Audit of end of life care plans to ensure that they reviewed on a 3 monthly basis.
- Identify and provide a list of local bereavement support services.
- Include in the end of life policy the availability of sympathy cards.

Prior to the inspection management and staff had worked to address the above matters and the only one that remained outstanding related to systems for residents and relatives to express their wishes to a staff member regarding end of life care.

The inspector concurred with this finding and found that residents had mixed views regarding this aspect of their care. Some residents did not wish to have this conversation with the inspector while one resident was open and spoke freely regarding the type of care required and involvement of family members.

The inspector found that in the main staff did not find it easy to approach the subject considering that if they initiated the conversation residents would be placed in a compromising situation and feel they may have some deteriorating health condition. The inspector communicated with a group of relatives who initially were reluctant to be engaged in the conversation and confirmed that they did not have a conversation with

their family member or staff as they considered this would be upsetting, particularly, when the priority was to promote health and well-being.

Information was collated in documents, for example "My Preferred Priorities for Care" and residents' care plans. These were detailed and identified residents' and relatives' wishes/preferences regarding this aspect of care for example, in the event of cardiac arrest to be resuscitated, transferred to hospital or cared for in the centre, wishes of the residents regarding who they would like present, medical interventions, the reposing of their body and how to be laid out. However, care planning assessments of need primarily related to residents' physical and spiritual needs, omitting information regarding social, psychological and emotional needs.

There was strong evidence that residents' spiritual needs were met as there was reference to residents' religious preferences and remembrance events had taken place.

Over the past two years 17 residents had received end-of-life care in the centre without the need for transfer to an acute hospital. End of life care is provided in a single room. Families were supported to stay during the day and overnight as a reclining chair was made available, facilities to have food and refreshments and the deceased residents could repose in the centre while funeral arrangements were being made. Other residents living in the centre were supported and given an opportunity to pay their final respects. Following a death staff appropriately packed the resident's personal possessions to give to the relatives and an end of life review was carried to further improve this aspect of service provision.

Questionnaires completed and returned by family members were positive regarding the care and attention of, nursing and medical care/treatment and highlighted the dignity and respect shown throughout the process. In the main, there were no suggestions for further improvements with the exception of introducing relatives to the palliative care team and for the one respondent the essentials of verifying the named next of kin.

Residents had good access to their general practitioner and the community based palliative care team provided good on site and per telephone support to the staff team.

While some staff had attended in house training and those staff who communicated with the inspector were knowledgeable in this area of care, not all staff had participated in training regarding caring for residents at end of life.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual needs and preferences.

The policy on food, nutrition and hydration management had been updated. This was detailed. Staff who communicated with the inspector stated that they had read and understood the policy.

Care plans contained risk assessments regarding nutrition. They were to date, relevant to the residents' requirements and preferences and were shared with the catering staff. Residents' weight was recorded on a monthly basis and where necessary, on a weekly basis with food and fluid record charts being maintained. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were appropriate.

Observation of the lunchtime and evening tea meals showed that residents had an enjoyable dining/social experience. The dining room was spacious, brightly decorated and dining tables were set with all the necessary condiments making the environment warm and inviting.

A menu was displayed on each table and residents had a choice of main meals . These were served in accordance with recommendations of the specialist allied healthcare professionals for example, normal, modified, soft or pureed. A choice of soft drinks served throughout the meals. Nutritional supplements were available as necessary.

There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Where necessary residents were provided with assistance and staff did this in a sensitive manner. Staff communicated with residents during the meals. Some residents preferred to have their meals in the privacy of the own bedrooms and this was accommodated. Those residents who communicated with the inspector were complementary of the food provided.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers were available.

There were no facilities for residents to prepare their own food, or to be involved in food preparation primarily due to their health condition.

Staff had participated in training in relation to food safety and demonstrated their knowledge in this area when communicating with the inspector. There was evidence that staff had access to training in peg feeding, diabetes, dysphagia and use of supplements, however, comprehensive training in respect of nutritional care had not been provided for all staff.

Judgment:

Non Compliant - Moderate

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:

Grounds men were carrying out maintenance work to the gardens directly located outside residents' bedrooms, thus having a direct view of residents with in and staff failed to ensure residents' privacy by screening residents' bedroom windows.

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 designated centre is made up of 2 distinct units accommodating respectively male and female residents. The clinical nurse manager 2 responsible for coordinating the overall service of both units had been off on long-term leave and no staff member had assumed this role and these duties with the result that there was a variance in service delivery. The person in charge informed the inspector that this staff member has now left the service and recruitment for this position will be initiated.

Judgment:

Non Compliant - Moderate

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Mary's Hospital
Centre ID:	OSV-0000538
Date of inspection:	03/09/2014
Date of response:	22/10/2014

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Incorrect information in relation to the named next of kin of a deceased resident was held.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

Please state the actions you have taken or are planning to take:

We will ensure that all information as required in Schedule 3 is accurate for all residents particularly in relation to a named Next of Kin.

Proposed Timescale: 01/10/2014

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:

Medicinal products were not stored securely at the centre.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:

All nursing staff are aware of their responsibility in ensuring that all medicines are properly stored and are safe and secure. If any occasion arises again in relation to safe storage of medicines, the nurse responsible will be held accountable for their act of omission as per Nursing and Midwifery Guidance on Medication Management. We will raise the safety awareness of medications amongst all staff again and ensure that reminders are constantly posted to ensure that a Medication trolley is never left unattended and that it is checked that it is at all times locked when not in use.

Proposed Timescale: 01/10/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents and their next of kin/family members had not been consulted with regard to the end of life care requirements.

Action Required:

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

Please state the actions you have taken or are planning to take:

The Centre undertook a survey amongst all relatives in relation to their perceived involvement in the care planning process. The area of End of Life care was documented as not applicable to them. As a result we have arranged an information evening for all relatives in relation to End of Life Care issues, and will be placed as an agenda item on the Resident Relative Forum meetings. The Priority for Care document will continued to be reviewed with each relative on a four monthly basis.

Proposed Timescale: 01/10/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Physiotherapy treatment recommended had not been facilitated.

Action Required:

Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

Please state the actions you have taken or are planning to take:

In all situations where a referral is being sent to another professional, the resident will be informed of the date and time of the appointment. Where for some reason the professional does not arrive, they will be contacted and the resident will be immediately informed of reason for the delay and when the appointment is expected.

Proposed Timescale: 01/10/2014

Outcome 12: Safe and Suitable Premises**Theme:**

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The doors of kitchen cupboards in the dining area were loose and there was no cover for a kitchen drawer.

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:
These presses will be repaired in the interim and will be replaced with more appropriate furniture for a dining room.

Proposed Timescale: 30/01/2015

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Documentation in residents' care plans did not address the emotional, social and psychological needs of the resident concerned.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

All care plans are being revised based on individuals assessed and perceived needs. Each resident will now have a unique care plan which specifies emotional psychological and social needs, as part of end of life care and also an individual plan based on social, emotional and psychological care during the terminal phase of a resident's death. These will be monitored on an ongoing basis to ensure that they are effective in meeting these needs of individual residents.

Proposed Timescale: 01/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff failed to put in place sufficient measures (curtains/blinds) to ensure residents' privacy while maintenance grounds men carried out work to the external grounds which were located directly outside residents' bedrooms.

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:

There will be ongoing monitoring and audit of Dignity issues for all residents within the Centre to ensure that at all times residents are cared for in the utmost and dignified way. Observations of practices in relation to Dignity issues will be raised from practice areas and staff will be made aware of all situations where dignity may be undermined. We will ensure that all residents have the opportunity to undertake personal activities in private.

Proposed Timescale: 01/10/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were insufficient staff (in respect of a clinical nurse manager 2) to coordinate the service provision of the designated centre.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

The Clinical Nurse Manager is currently going through the Recruitment process for the position of CNM 2. From the 3rd of November 2014, a new CNM 2 will be in Saint Mary's after an induction period of three weeks working with the person in Charge until the position is filled full time. In the meantime there is a Clinical Nurse Manager on Meadowview (Male Unit) as well as a Senior Staff Nurse on Sunnyside who assumes the role of Nurse Manager. Both Units now have Senior Staff Nurses in place, whose role is to undertake the managerial duties of the CNM until permanently in place and supported by the Person in Charge. The Senior Nurse on duty at anytime assumes managerial responsibility for the Unit, and this will be documented for each rostered duty. Immediately and from 03/11/2014.

Proposed Timescale: 03/11/2014

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not have access to appropriate training, in the end of life policy and procedure.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Staff will now be provided with training in End of Life and all policies in relation to End of Life.

Proposed Timescale: 27/02/2015

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not have access to appropriate training, in communicating with residents and relatives to find out their views regarding end of life care/wishes.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Staff will receive training ongoing in using Priorities for Care and in communicating about End of Life Care issues.

Proposed Timescale: 31/01/2015

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff had not introduced relatives to the palliative care team.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

This has been highlighted amongst all staff. Staff will ensure that any professional who visits the Centre are introduced to Residents and/or their relatives.

Proposed Timescale: 30/09/2014

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not have access to appropriate training with regard to all aspects of nutritional care.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Training has now been arranged for Staff in relation to all aspects of Nutritional Care, particularly Nutrition and Older People.

Proposed Timescale: 01/02/2015