



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Brigid's Hospital
Name of provider:	St Brigid's Hospital
Address of centre:	Shaen, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	30 July 2018
Centre ID:	OSV-0000531
Fieldwork ID:	MON-0023812

About the designated centre

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

St. Brigid's Hospital is a two-storey centre, which provides residential care for 23 people. It provides continuing and respite care for adult residents. The overall atmosphere is homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Residential accommodation is across two floors which are accessed by a lift. Both floors are of similar design. There are two dayrooms on each unit, one of which is a designated dining area. There is also a communal larger dining room on the ground floor. In total there are seven single bedrooms and eight twin bedrooms. Many of the rooms have been personalised with family photos and memorabilia. There is also a catering department, laundry, Church, administration department and external mortuary. Directional signage is available throughout. The use of contrasting colours is evident in the toilets and bathrooms. Dementia specific clocks, with the date and time also displayed, are located around the centre. Of particular note are the paintings on some of the walls. Some are streetscape scenes while others are of particular relevance for individual residents. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. There is a well-maintained enclosed garden which residents can access freely from the ground floor. Adequate parking is available at the front and side of the premises.

The following information outlines some additional data on this centre.

Current registration end date:	15/01/2021
Number of residents on the date of inspection:	21

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
30 July 2018	10:00hrs to 17:30hrs	Sheila Doyle	Lead
31 July 2018	09:00hrs to 16:00hrs	Sheila Doyle	Lead

Views of people who use the service

Throughout the inspection residents were seen to be treated with dignity and respect and choices were being respected.

Residents spoken with were satisfied with the service. They spoke about improvements around the centre including additional directional signage. Residents also spoke very highly of the staff describing them as kind and caring.

Residents said they were happy with their rooms and felt their privacy was respected. Residents reported satisfaction with the food and said choices were offered at meal times.

Residents told the inspector how much they enjoyed some of the activities although they commented that sometimes there was not enough to do.

Capacity and capability

The inspector found that the governance structure was not as robust as previously as the person in charge is now working between two centres and she is not replaced on the days when she is working in the second centre. This leaves the centre without a manager and removes staff from clinical duties to deal with administration issues.

Nevertheless, the centre had developed a plan to drive improvements through regular auditing and benchmarking against the regulations and standards.

Care and support for residents were delivered by an appropriate number and skill mix of staff. Some improvement was required to ensure that staff vacancies were consistently covered. The inspector noted that on some days, particularly unplanned leave, replacement staff were not available.

There was evidence of safe recruitment practices and assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff and volunteers. However, a sample of staff files and staff records were reviewed and two of four were not in compliance with the regulations.

Improvements were also required to some documents to ensure compliance. These included:

- the directory of residents

- the residents' guide
- volunteer files

The inspector found that a complaints policy was in place and complaints' management was in line with the regulations.

Regulation 14: Persons in charge

There was a full-time person in charge with the relevant skills and experience. Currently she was working between two centres.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. However, some improvement was required to ensure that staff on leave were replaced as discussed under governance and rights.

A comprehensive induction plan was in place. Staff appraisals were completed on a yearly basis and the inspector saw evidence of this on the staff files.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was not complete. It did not contain all information required by the regulations.

Judgment: Substantially compliant

Regulation 21: Records

The sample of staff files reviewed did not meet the requirements of the regulations. Gaps were noted such as lack of references and gaps in employment history. Assurance was available that Garda Síochána (police) vetting was in place

for all staff.
Judgment: Substantially compliant
Regulation 22: Insurance
Evidence was available that adequate insurance was in place.
Judgment: Compliant
Regulation 23: Governance and management
<p>The governance structure was not as robust as previously as the person in charge is now working between two centres and the days when she is working in the second centre her hours are not replaced. The inspector noted an increased number of non compliances at this inspection, many of which could be attributed to this lack of managerial presence.</p> <p>An auditing schedule set out the yearly plan. Audits carried out included hygiene and infection control, medication and clinical documentation. The results of audits were shared with staff for learning and used to inform the annual review. The inspector saw that the 2017 review was completed and was available to residents.</p> <p>There was a clearly defined management structure in place, identifying lines of authority, accountability that details responsibilities for all areas of service provision.</p>
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
Contracts for the provision of care were in place and outlined the services to be provided and the fees to be charged.
Judgment: Compliant
Regulation 30: Volunteers

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role. However, their roles and responsibilities were not set out in writing as required by the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found that policies and procedures were in place for the management of complaints.

The number of complaints received was minimal. The relevant documentation was maintained. The complaints procedure was displayed in the front foyer.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies, procedures and guidelines were in place to guide and support staff in the safe delivery of care. The provider had prepared in writing, adopted and implemented policies and procedures on matters set out in the regulations.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for and the quality and safety of care provided was to a high standard.

Residents' well-being and quality of life were enhanced and promoted through ongoing resident review and assessment using a range of recognised tools covering clinical issues such as the risk of pressure ulcers, risk of malnutrition and falls risk assessments. Each resident had a care plan developed based on this ongoing assessment. There was evidence that this was implemented, evaluated and reviewed reflecting residents' changing needs.

There was evidence that the rights and diversity of each resident were protected. Some improvement was required to ensure that staff were available to provide a choice of appropriate and stimulating activities to meet residents' needs

and preferences. In addition more regular resident meetings would provide greater opportunities for resident involvement in the centre.

Improvement was required to ensure that staff had up to date knowledge regarding the procedures in place to manage allegations of abuse. Some improvement was also required regarding procedures in place to ensure that residents were provided with support that promoted a positive approach to 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' rights were safeguarded by systems in place such as:

- robust fire procedures
- very low incidence of restrictive practices
- clear processes in place to protect residents' finances
- safe medication administration practices.

Regulation 10: Communication difficulties

The inspector was satisfied that each resident had access to information, provided in a format appropriate to each resident. Care plans reviewed outlined residents' particular communication needs. Staff interaction with residents showed that staff were aware of appropriate interventions to support residents.

Judgment: Compliant

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in any of the communal areas throughout the centre. The inspector saw visitors coming and going during the inspection and they confirmed they were welcome to visit at any time.

Judgment: Compliant

Regulation 20: Information for residents

The inspector read the residents' guide and saw that some additional information was required to meet the requirements of the regulations. For example, it did not set out the terms and conditions relating to residence in the centre.

The inspector noted that an additional information folder was available in each day room, setting out various other pieces of information and news in an easy read format.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw that detailed information was provided when the resident was moving between care centres, for example, on transfer to the acute services for treatment. The inspector saw that medication reconciliation was undertaken to ensure residents' safety and medication effectiveness.

Judgment: Compliant

Regulation 27: Infection control

Infection control procedures, in line with national guidelines, were in place. A staff member acted as a link nurse within the area. Hand hygiene gels were located around the centre and the inspector saw staff and relatives using them.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. Fire servicing records were up to date. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible if needed. Fire drills were carried out frequently and, when required, action plans were put in place. These included night-time scenarios when the numbers of staff available were greatly reduced. Additional training was planned for the week of inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medication management policies and practices

The inspector reviewed a sample of administration and prescription records and noted they were in line with best practice guidelines.

A secure fridge was provided for medications that required specific temperature control. The inspector noted however, that the temperatures were not consistently recorded on a daily basis despite the policy in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. Plans were in place to introduce computerised plans in the near future. The inspector noted ongoing development work in this area with regular audits and additional training for staff.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls and skin integrity. The inspector reviewed the documentation relating to the management of clinical issues such as wound care and diabetic care and found that the planned care was in line with evidence based guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However the inspector noted that care plans did not provide details of possible triggers or intervention to use for individual residents. In addition, assessments were not consistently carried out to identify any possible trends or patterns as required by the policy in place.

Ongoing improvements were noted around the use of restrictive practices. The inspector saw that no bedrails were in use at the time of inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Robust policies were in place regarding safeguarding residents from all forms of abuse. However, it was noted that there had been no recent training for staff and many staff not having attended any safeguarding training since 2011. This was discussed with the person in charge and training sessions were being organised prior to the end of inspection.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances. Both internal and external audits were carried out to ensure compliance with the policies in place.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass was celebrated on a weekly basis and other ministers visited as required. Each resident had a section in their care plan that set out their religious or spiritual preferences.

There was a residents' committee in operation. The inspector noted however, that meetings were not held on a regular basis with the last meeting taking place five months previously.

It was noted at previous inspections that residents did not consistently have sufficient opportunities to participate in activities in accordance with their interests and capacities. While improvements had occurred initially, the inspector was aware that the second activity person was on extended leave and had not been replaced. This will need to be addressed as previously agreed.

The inspector was satisfied that advocacy services were available and contact details were on display on both floors.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Brigid's Hospital OSV-0000531

Inspection ID: MON-0023812

Date of inspection: 31/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The rosters have been reviewed and staff on leave replaced appropriately.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents has been completed and contains all information required by the regulations.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The references have been requested and the gaps in the employment history have been rectified.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The governance structure for when the Person in Charge is working at the second centre has been addressed. Replacement of hours allows the CNM2/1 to assume responsibility on these days.	
Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers: The volunteers who visit the centre have been contacted to meet with the Person in Charge to sign the document that clearly sets out their roles and responsibilities.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The additional information "terms and conditions" relating to residence in the centre has been added to the existing documentation.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The temperature measurement and documentation is completed daily and signed by the Nurse in Charge 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The policy has been reviewed and amended to include the supporting documentation required, i.e. goal of care indicating possible triggers and interventions to use. 	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Dates for training have been organised commencing August 13 th and 16 th . Further training dates will be added to ensure all staff have received training.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents committee will meet quarterly or sooner if required. The roster has been reviewed to address the absence of the 2 nd activity person.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	07 August 2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07 August 2018
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	07 August 2018
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	30 September 2018

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	07 August 2018
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	07 August 2018
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	30 September 2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Substantially Compliant	Yellow	07 August 2018

	respond to and manage behaviour that is challenging.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	30 September 2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	07 August 2018
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Yellow	07 August 2018