



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Brigid's Hospital
Name of provider:	Health Service Executive
Address of centre:	Shaen, Portlaoise, Laois
Type of inspection:	Announced
Date of inspection:	04 June 2019
Centre ID:	OSV-0000531
Fieldwork ID:	MON-0023493

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 premises and provides residential care for 23 male and female residents over 18 years of age with continuing care, dementia, palliative care and respite needs. Residents' accommodation is over two floors and accessed by a mechanical lift and stairs. Both floors are of similar design. There are two day-rooms on each unit, one of which is a designated dining area. There is also a second dining room on the ground floor. An oratory, hairdressing salon, sensory room and activity room is also provided for residents' use. In total there are seven single bedrooms and eight twin bedrooms. Shared toilets and washing facilities are conveniently located off the circulating corridors on both floors. Call bells are provided in all bedrooms and communal areas. Toilets and shower rooms are wheelchair accessible. Residents have access to a well-maintained enclosed garden accessible from the ground floor. Adequate parking is available at the front and side of the premises. The centre currently employs nursing staff, care staff, catering, household, administration and maintenance staff. Residents with health and social care needs at all dependency levels are considered for admission. Care is provided to residents who are independent and to those who require nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04 June 2019	10:15hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
05 June 2019	09:15hrs to 15:30hrs	Catherine Rose Connolly Gargan	Lead

Views of people who use the service

Seven residents completed questionnaires sent to St Brigid's Hospital by the Office of the Chief Inspector prior to this inspection. High levels of satisfaction with the service provided and life in the centre was expressed in the questionnaires and by residents and their family members who spoke to the inspector on the days of the inspection.

Many residents said they particularly liked living in the centre due to its rural location, mature grounds and views of the surrounding countryside.

Residents who spoke with the inspector stated they were comfortable and were happy in the centre and did not want anything changed. They said there was an easy and relaxed atmosphere in the centre. Staff were kind and caring and many staff referred to residents as being 'part of their family'. The inspector observed lots of fun and laughter between residents and staff.

Residents' relatives commented on the trust residents had in staff. They also spoke about the improved levels of confidence and contentment they saw in their family members since coming to live in the centre.

Several residents who spoke with the inspector said the care they received was 'exceptional', 'top class' and 'never a problem with any staff' and they were aware of their care plans. Residents said they felt at home in the centre and they enjoyed and were interested in the activities available to them. They particularly enjoyed the music group and bingo. One resident said they would like to play more card-games and go walking in the grounds more often. One resident said she visited her home in the community for one night each week. Residents said they felt safe and staff were always kind and respectful towards them. Residents who spoke with the inspector said they were comfortable in the centre and 'especially liked the variety of food available'.

Residents told the inspector that they knew the person in charge and staff by name. They confirmed that they could make a complaint and singled out various staff members and one resident singled out their GP as people in the centre they said they would be happy to talk to regarding any dissatisfaction they experienced with the service provided.

Capacity and capability

This was an announced inspection to monitor ongoing compliance with the

Regulations. The inspector followed up on progress with completion of the compliance plan from the last inspection in July 2018. Eight of the ten areas requiring improvement were completed. Findings regarding opportunities provided for residents to engage in meaningful activities and staffing continued to be non compliant with the regulations and are restated in the compliance plan from this inspection. The inspector also followed up on notifications submitted to the Office of the Chief Inspector since the last inspection.

The person in charge worked on a full time basis and as she was also the person in charge of another designated centre, she shared her time between the two centres. Both designated centres were located within close proximity to each other. The governance and management structure was strengthened since the last inspection to ensure robust oversight of both centres. While, arrangements in place to monitor the standard of care delivered to residents and their quality of life in the centre, improvements were necessary to ensure this process was strengthened to comprehensively inform continuous improvement in the centre.

While residents were well cared for and staff were attentive in meeting their clinical needs, staffing in the centre required review to ensure residents were provided with sufficient opportunities to meaningfully engage in activities that meet their interests and capabilities. Staff were appropriately supervised and facilitated to attend mandatory and professional development training.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

There was sufficient staff available to meet the nursing and care needs of residents. However the culture of care and the role of health care staff required review to ensure that residents were fully supported to meet their social and activation needs. This finding is discussed under Regulation 9: Residents' Rights.

The inspector observed and residents spoken with confirmed there was no delay in staff attending to residents' personal care and assistance needs.

A planned and actual staff rota was in place. The roster reflected the staff on-duty on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were made available to the inspector. The staff training record confirmed that staff had access to mandatory training programmes and that this training was up-to-date. Staff were also facilitated to attend a wide range of training to support their professional development and to ensure they had the necessary skills and competencies to meet residents' needs. As facilitating residents' social activities was an integral part of each staff member's role and most residents has one-to-one activity needs, staff training in facilitating small groups or providing one-to-one activities would positively impact the quality of life for residents in the centre.

Annual appraisals were carried out with staff by the person in charge. Staff were appropriately supervised and many staff who spoke with the inspector said they enjoyed working in the centre for many years. Staff also said they were well supported by the person in charge and senior staff.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained by the centre and was made available to the inspector. All information was detailed as required by the Regulations regarding each resident admitted to the centre

Judgment: Compliant

Regulation 21: Records

Records of each fire practice, drill and test of fire equipment was maintained. The records of simulated emergency evacuation drills completed included sufficient detail to provide assurances that residents could be safely evacuated in the event of a fire in the centre.

Although periodic nursing records were maintained of each resident's health, condition and treatment given, this information was not maintained on a daily basis.

Four staff files were examined by the inspector and were found to contain the information as set out in Schedule 2 of the regulations, including evidence of completed Garda Siochana vetting. The person in charge gave assurances that all staff working in the centre had completed Garda Siochana vetting before commencing employment and disclosures were available in their staff files.

All other records required under Schedules 1, 2, 3, 4, 5 of the Regulations were

maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management structure in the centre was clearly defined. The person in charge was also the person in charge of another designated centre. The management structure had been strengthened since the last inspection and ensured an experienced assistant director of nursing worked in a supernumerary capacity to support the person in charge. This arrangement ensured that sufficient oversight of the service was in place when the person in charge attended the other designated centre.

Monthly management meetings with the person in charge were attended by the provider representative or general manager. Review of risk management, complaints, adverse incidents involving residents, quality of the service provided and resource requirements were standing agenda items. Communication with the staff team by the person in charge was assured with regular staff meetings. A daily communication meeting attended by the person in charge or the deputy person in charge was convened each morning by the clinical nurse managers on each unit with all grades of staff to plan the day and address any outstanding issues that arose in the previous 24hrs. This arrangement ensured that all staff were well informed and there was timely resolution of any issues impacting on the service.

The person in charge monitored key service parameters such as falls, hospital admissions, infections, medications, any use of restrictive equipment, pressure related skin damage, incidents of responsive behaviours and resident dependencies. This information was analysed by the person in charge to inform effectiveness of clinical care. Systems were in place to monitor the quality and safety of the service and quality of life for residents in the centre. This monitoring process was used to inform quality improvements in some areas of the service such as the environment that residents lived in. Improvement plans were developed and completed in most audits seen by the inspector. However, the audit tools in place were not sufficiently focused on older person services and therefore did not comprehensively inform continuous quality improvements. For example, care planning audits were not specific to care of older residents with complex needs and dependencies. Therefore these audits did not identify many of the weaknesses found in residents' care documentation as described in this report under Regulation 5: Individual Assessment and Care Plan.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents and service improvements for 2019 were described.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contains the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

The centre's statement of purpose was updated with some minor revisions and forwarded to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge confirmed that two volunteers worked in the centre. The contribution made by these volunteers to residents' quality of life was valued by residents and staff. A vetting disclosure, role description and supervision arrangements were available for the centre's volunteer workers.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Relevant notifications of any incidents involving residents were submitted by the person in charge to the Office of the Chief Inspector within the specified timescales required by the Regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There was no absences exceeding 28 days by the person in charge. An appropriately qualified and experienced assistant director of nursing worked with the person in charge on a day-to-day basis and deputised in her absence.

Judgment: Compliant

Quality and safety

Residents' health care and nursing needs were met to a good standard and they were provided with timely access to medical and allied health professional services. Although there were gaps in residents care documentation, residents were provided with a good standard of clinical care and support. The inspector was told that plans were underway to implement an electronic care documentation management system. High levels of access for residents to the centres general practitioner, physiotherapy, speech and language therapy services and a psychiatric nurse from community psychiatry of older life services optimised residents' good health and well-being. Residents were encouraged and supported to optimise their independence where possible.

The provider, person in charge and staff team were committed to ensuring the centre was accessible and a comfortable environment for residents. Significant work led by the activity coordinator was completed to make the communal rooms and corridors therapeutic, colourful and bright. Artwork was themed to make the environment familiar to residents and to encourage them with reminiscing. Residents were provided with choices. For example, about how they spent their day, their meals, the time they retired to bed and the time they got up in the mornings. Improvements were underway to ensure they could choose to access the centre's oratory as they wished.

Nearly 75% of residents in the centre had dementia and many were unable to participate in group activities. The activity programme was revised and appropriately focused on meeting residents' activity needs with one-to-one and small group activities. Activity staff were committed to providing residents with opportunities to engage in meaningful activities informed by assessments of their interests and capabilities. However, due to many residents high support needs, optimisation of the activity programme was compromised without the support of all staff.

The revised residents' guide was set out in a revised format meet the accessibility needs of the current resident profile in the centre.

The layout and design of the premises met residents individual and collective needs. The centre was visibly clean throughout and the interior was maintained and decorated to a high standard. The centre is located in a rural setting in mature grounds which was particularly satisfying for a number of residents who previously lived in the country.

Residents were consulted with regarding their care and the service provided. The provider valued residents' views and provided them with opportunities to participate

in the running of the centre with a residents' committee that met regularly.

Residents stated they felt safe in the centre and spoke positively about the staff team and management in the centre. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual wishes and preferences regarding their care to meet their needs. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff told the inspector they were aware of their responsibilities to report and stated there was no impediment to them reporting any suspicions, disclosures or incidents of abuse.

The provider took a proactive approach to ensuring residents' safety in the event of a fire in the centre and had appropriate measures and procedures in place to ensure residents' safety needs were met. Staff who spoke with the inspector were knowledgeable regarding emergency evacuation procedures in the centre.

Regulation 11: Visits

An open visiting policy was in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished in comfortable areas outside of their bedrooms. A record of all visitors to the centre was maintained.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had sufficient facilities to store and control their personal possessions and clothing. One resident with a lot of clothing was provided with a second wardrobe in their bedroom. Residents were provided with a lockable space in their bedrooms to secure their valuables and could lock their bedroom doors if they wished.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for collection of some residents' social welfare pensions. Arrangements were in place to afford residents protection and access to their finances. Internal and external audits were carried out to ensure compliance with the policies in place and compliance with the legislation. Small amounts of residents' money for their day-to-day expenses was kept by the provider in safekeeping on their behalf. The records of transactions examined by the inspector were transparent and balances were accurate.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre met the individual and collective needs of residents to a good standard. The centre premises was well maintained and was visibly clean throughout. Sitting and dining room accommodation was provided on both floors in the centre. A mechanical lift was provided to support residents with accessing both floors.

Residents' bedrooms met their individual needs and were personalised with several items of residents' personal possessions. Residents were encouraged to bring small items of their favourite furniture and paintings from their homes in the community. There was adequate space available for storage and use of residents belongings and assistive equipment. Residents' bedroom accommodation was provided over both floors in seven single and eight twin bedrooms. Although none of the bedrooms had en-suite toilet/washing facilities, sufficient shared toilets and washing facilities were conveniently located on both floor levels. Handrails were in place along all circulating corridors. Grab rails were fitted in shared toilets and showers to maximise residents functional ability. Access for residents with dementia or vision problems was optimised with bright floor covering that did not have any bold patterns. Natural light was optimised with large windows throughout. Enhanced visibility signage promoted ease of access and independence of residents with dementia and vision problems.

The internal centre premises was well maintained and work was in planned to paint the external premises and to address overgrowth and hanging branches on trees in front of the centre premises. The covering on some residents' chairs was damaged and in need of repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide document was reviewed since the last inspection in July 2018. The revised residents' guide included a summary of the services, terms and conditions of residency and facilities available in the centre. Each resident was provided with a copy of the residents' guide document for their information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to hospital or back into their community. Records were maintained regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

Regulation 27: Infection control

A policy informing infection and prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Infection prevention and control procedures and practices in the centre reflected best practice guidelines. A sluice room was located on both floors of the centre. Hand hygiene dispensers were located at various locations throughout the centre and were used appropriately by staff. Staff were facilitated to attend training in infection prevention and control.

The centre environment was visibly clean throughout. A cleaner's room was available for storage of cleaning equipment and contained a waste water disposal facility and hand washing sink.

Judgment: Compliant

Regulation 28: Fire precautions

Procedures and practices were in place to protect residents from risk of fire in the centre. Arrangements were in place to ensure residents' evacuation needs would be met in the event of a fire in the centre. Each resident's evacuation needs were assessed and included review of any issues that would potentially hinder or delay their timely evacuation such as level of cognition and disability. This process ensured each resident's needs were clearly communicated in the event of an emergency.

All staff were facilitated to attend annual fire safety training and to participate in simulated emergency evacuation drills. Simulated evacuation drills were completed to test the efficacy of arrangements in place during day and night time conditions. Staff who spoke with the inspector were knowledgeable regarding evacuation of residents. Fire fighting equipment was available and easily accessible throughout the centre. Emergency exits were clearly displayed and free of any

obstruction. Emergency evacuation procedures were displayed prominently.

Arrangements were in place to ensure daily and weekly fire safety checking procedures were completed. Records of these checks were complete. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor. The contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. Written operational policies informing the ordering, prescribing, storing and administration of medicines to residents were available. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines visited the centre every two weeks and was facilitated to meet their obligations to residents and were available to answer any queries individual residents had regarding their medicines.

Residents requiring their medicines as crushed preparations was clearly prescribed. Maximum amounts of PRN (as required) medicines permissible over a 24hr period was documented for each resident.

There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and since the last inspection in July 2018, the medicine refrigerator temperatures were consistently checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Staff used several accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed care plans that described the actions staff must take to meet each resident's needs. While some information in residents' care plans was person-centred and reflected their preferences and wishes, much of the other information was generic and did not describe the high standard

of person-centred care given. Many of the care plans were not sufficiently detailed or were not consistently developed to inform the interventions residents preferred. For example, regarding assistance with their personal care needs. Optimal parameters that blood glucose levels should be maintained within or frequency of blood glucose sampling was not always described in the care plans for residents with diabetes. Recommended amounts of daily fluid intake for residents at risk of dehydration was also not consistently described in their care plans. There was also a lot of documentation regarding previous assessments in some residents' files which hindered easy access to care plan documentation.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from a local practice as they wished. Community psychiatry of older age services attended residents in the centre regularly. Physiotherapy, occupational therapy, speech and language therapy, tissue viability, chiropody, dental, optical and dietitian services were available to residents as necessary. Community palliative care services were also available to residents as appropriate.

Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy is in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and any restrictive practices in the centre. A small number of residents with dementia experienced periodic episodes of responsive behaviours. There were robust systems in place to support residents with managing any episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Residents' responsive behaviours were well-managed with person centred de-escalation

strategies implemented by staff who knew residents well. Records of behaviours were maintained to inform supports and treatment plans. Behavioural support care plans were developed for residents with responsive behaviours that clearly described triggers to their behaviours and effective person-centred de-escalation strategies. Residents behaviour support care plans were clearly demonstrated in practice. Residents were referred to psychiatry of older age services as necessary and a community psychiatric nurse from the service visited residents every two weeks in the centre.

A restraint-free environment was promoted. No bed rails were in use for greater than 12 months in the centre. Alternative non-restrictive equipment was used to support residents as necessary. While the front door of the centre was secured, residents had access at will to a safe outdoor area.

Judgment: Compliant

Regulation 8: Protection

Systems and procedures in place to ensure residents were safeguarded and protected from abuse. Since the last inspection in July 2018, arrangements were in place to ensure all staff attended training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff training records confirmed all staff were facilitated to attend this mandatory training. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse, how evidence of of abuse may present and clearly articulated their responsibility to report. Residents confirmed they felt safe in the centre. All interactions observed by the inspector regarding staff with residents were respectful, courteous and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to take ownership of their environment and to influence the running of the centre. Feedback from residents was welcomed and used to develop the service. The frequency of residents' meetings were increased since the last inspection and meetings were convened in March and May this year. A resident was assisted by activity staff to chair these meetings The meeting minutes referenced meaningful discussion and actions from them were progressed.

Residents' privacy and dignity was respected. Staff knocked on residents' bedroom doors before entering and ensured privacy curtains and doors were closed during residents' personal care procedures.

Each resident's activity needs were comprehensively assessed and individual plans were developed to meet each resident's social needs. However, there was limited evidence in residents' records that they were facilitated to participate in activities that met their interests and capabilities. Residents' social activity programme was coordinated by two activity staff over seven days. Both activity staff were working in the centre on the days of inspection.

Residents had access to suitable facilities for activation and recreation. The activity programme has been revised to provide activities in accordance with residents' interests and capacities. However staffing arrangements did not fully support residents to participate in suitable activities. Group activities such as music sessions, bingo and outings were scheduled as part of residents' activity programme. However, most residents currently living in the centre had one-to-one or small group sensory based social engagement needs. The inspector's observations of the one-to-one activities taking place were meaningful and enjoyable for individual residents. However it was not possible for two activity staff to implement the activity/social plans without more support from other staff members. Although, the inspector was told that all staff had a role to ensure that the social needs of residents were met, the inspector did not find evidence to support this in practice. For example, while an activity staff member was facilitating one-to-one activities with a resident, the other residents in the room were not socially engaged or occupied. and the majority of residents in both sitting rooms slept during the mornings and late afternoons. The inspector was told that the activity coordinators were stretched and could only facilitate a small group sensory programme suitable for residents with dementia once a week. A sensory room, themed as an indoor garden on the first floor was seen to be used by one resident to relax and listen to their favourite music. An activity room also located on the first floor was decorated to a high standard and was used to facilitate weekly small group sensory focused activity sessions.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. Access for residents to the centre's oratory at will was not currently available. The inspector was told that plans were in progress to revise this arrangement. All residents were provided with access to a telephone if they wished. Newspapers and magazines were also available to residents. Residents were supported to vote in elections and referenda.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Brigid's Hospital OSV-0000531

Inspection ID: MON-0023493

Date of inspection: 05/06/2019

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Narrative notes will be completed by staff nurses on day and night duty.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The care plan audit tool has been reviewed and the additional metrics indicators that are included are focused on older person's services that will inform continuous quality improvement for residents with complex needs and dependencies.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The damaged chairs have been removed from use. The external maintenance work regarding the removal of overhanging trees and branches on the avenue approaching the centre has been completed to allow safe access and egress.	

A request for funding to paint the premises has been submitted for inclusion in minor capital work.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care plans have been reviewed to include the information that reflects the high standard of care delivered.

The staff member responsible for the development of the care plan will convert generic information to reflect person centred preferences and wishes.

Optimal parameters agreed by resident and multidisciplinary team to be clearly documented with appropriate proposed interventions in event that levels fluctuate above or below optimal parameters.

Excess information stored in care plans will be archived to allow easy access to most up to date care plan documentation.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: An individual documentation sheet has been created. This will indicate the level of engagement in meaningful activity for each resident.

Whilst we had previously restructured our activity programme to cover 7 days we now impress on all staff the importance of knowing that they are all responsible for the delivery of the meaningful activity programme. There is a member of staff responsible for the provision of activity to the residents whilst other residents are in receipt of 1:1 sensory activities.

The oratory is easily accessible throughout the day and residents are supported to access same.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2020
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	08/07/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/08/2019

	consistent and effectively monitored.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2019
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	31/08/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2019