

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St Patrick's Hospital Cork
Centre ID:	0582
Centre address:	Curraheen Road
	Curraheen
	Cork
Telephone number:	021-4501201
Fax number:	021-4501619
Email address:	info@sम्म.ie
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	St Patrick's Hospital Cork Ltd
Person in charge:	Sarah McCloskey
Date of inspection:	7 December 2011
Time inspection took place:	Start: 11:00hrs Completion: 17:10hrs
Lead inspector:	Caroline Connelly
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration, and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

The original St Patrick's Hospital opened in September 1870 and was located in the city but transferred to a new purpose-built hospital on the outskirts of the city in Curraheen on 17 September 2011.

St Patrick's is a three-storey, purpose-built designated centre and is part of a large new hospital building that includes palliative care, an education centre and numerous related offices. All floors are accessed by a number of lifts and a number of sets of stairs. The designated centre for older people is made up of three wards/units that provide continuing care which are St Anne's Ward on the lower ground floor, St John's Ward on the ground floor, and St Camillus' Ward on the first floor. The palliative care services are in a separate block to the west of the continuing care wards with some shared clinical facilities for both services on the ground floor which include physiotherapy, hairdressing, podiatry, medical consultation rooms and treatment rooms. The palliative care wards are on the first and second floors.

The continuing care wards each contain 17 single rooms with en suite facilities of toilet, wash-hand basin and shower. Two of these single rooms are isolation rooms and two are bariatric rooms which will provide larger beds and facilities to accommodate residents who have increased body mass index. There is one four-bedded room on each ward with two full en suite facilities. Communal accommodation consists of a large day room, a small dining room and a small sitting/quiet room. Residents who smoke are facilitated to use the covered in communal balcony areas, these areas have adequate ventilation. At the entrance to the wards is a nurses' station and bedroom areas are accommodated down two corridors which can be seen from the nurses' station. A large assisted bathroom with a Jacuzzi bath and a number of assisted toilets are provided for residents' use.

There is a well laid out activity department away from the ward areas with dining, sitting and therapy areas. Other communal areas provided for resident use include a central large modern oratory for use by all of the services and an additional prayer room. High quality visitor's overnight accommodation was provided in the case of relatives needing to stay overnight when there are end-of-life situations.

Seating areas are provided at various points on the corridors and outside the ward areas.

There are large decorative gardens which are easily accessible from the wards and activities area which contain ample seating for the residents. There are walkways around the building and seating for residents and relatives to enjoy the view of the countryside.

Large car parks are available to the front and side of the building.

The centre is registered for the care of 63 residents. There were 60 residents living there on the day of inspection.

Location

The new centre is located on a green belt area on the Waterfall Road to the south west of the city. Providing views of the countryside, access is available on the public transport system.

Date centre was first established:	1870 New centre: 2011
Number of residents on the date of inspection	60
Number of vacancies on the date of inspection	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	34	8	18	0

Management structure

St Patrick’s Hospital is a voluntary hospital governed by a Board of Directors. The Chief Executive Officer (CEO), Kevin O’ Dwyer is the nominated Registered Provider. The Person in Charge is Sarah McCloskey who is the Director of Nursing for the older person services and the palliative care services. She is supported in her role for the older person services by Kathleen Harte, Assistant Director of Nursing (ADON) and a team of Clinical Nurse Managers (CNMs). A second ADON has responsibility for the palliative care services but will also act up in the older person’s services as required. CNMs take charge of the centre at the weekends, with two further ADONs taking charge at night time.

The Person in Charge reports to the CEO. There is also a team of management personnel that support the Provider and Person in Charge, which includes a Finance Manager and a Catering Manager, all of whom have a team of staff reporting to them.

All nursing, healthcare assistants and ward-based catering staff report directly to the CNM of each ward and they report to their line manager accordingly.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1 *	6	11	3	3	1	1**

* Plus two ADONs

** One activities nurse

Note: There is a number of management, administrative, pharmacy, catering, maintenance, porters and other staff who work for the overall hospital and part of their time would be allocated to the care of the older person facilities.

Background

St Patrick's Hospital's original building was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 1 September 2010. An advisory visit was undertaken on the new building at Curraheen in 2010 where an inspector met with the person in charge and was given a thorough tour of the building.

A registration inspection was carried out on 15 March 2011 and 16 March 2011. A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Standards for Residential Care Settings for Older People in Ireland* and the provider was required to complete an Action Plan to address areas where significant improvements and some improvements were required. A follow-up report was undertaken on 2 August 2011 and 3 August 2011 and on 1 September 2011. The inspection focused on the actions where improvements were required and a review of the new building prior to registration. The inspector noted that the actions had been addressed and registration was granted. The inspection report can be found at www.hiqa.ie.

The chronology of the Authority's previous inspections is included at the end of this report.

This additional inspection report outlines the findings of a follow-up inspection that took place on 7 December 2011. It was unannounced and focused on the action plan from the previous inspection where improvements were required, outlined as points one to six in this report.

Summary of findings from this inspection

The follow-up inspection was the first inspection of the new centre since the residents went to live there. The inspection was facilitated in a helpful and welcoming way by the provider, the person in charge, ADON, and all staff on duty. The inspector also met with residents, the medical officer, managers and other staff members. Records were examined including care plans, complaints log, accidents and incidents records, and fire safety records, staff records including training records, policies and procedures.

The progress of the actions agreed with the provider to address the issues outlined in the report of 2 August 2011 and 3 August 2011 were reviewed and the inspector was particularly focused on the provision of communal space for residents, fire and risk assessments, and induction for staff to the new building.

The inspector found that all of the actions outlined in the Action Plan had been addressed but they have not been fully completed, while others were within their agreed time frame for completion.

- One of the four-bedded room on each of the three units had been converted to day rooms
- the provision of mandatory training is being provided and is ongoing
- development of a more individualised care planning process has been implemented
- improvements were seen in information for staff files but this was ongoing
- development of risk management policies and procedures is ongoing particularly in relation to fire shutters.

Overall, the staff have made substantial improvements and were working towards the uncompleted actions.

Staffing levels appeared satisfactory, taking into account the dependencies of the residents and the layout of the building. The twilight shift is essential to provide choice and person-centred care during the evening and early night.

Overall the new centre provided great accommodation for the residents with many residents saying how much they loved their privacy in having their own room and en suite facilities. Many residents said they slept so much better when not being disturbed by other residents at night. The activity department in the new centre was a great success and there had been an increase in numbers attending exercise sessions in the gym and other activity sessions. The commencement of new activity assistant staff in the New Year will enhance the activities further.

The inspector found that the units required further decoration, furnishings and lighting to ensure the centre was less clinical and more homely for residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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*.

Issues covered on inspection

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Completed

The inspector took a tour of the building on the follow-up inspection and saw that one of the two four-bedded rooms on each unit had been converted to a day room which provided a large room measuring 90.7 meters squared, providing adequate day accommodation for 21 residents.

As well as having comfortable chairs, television and living room furniture the day room also contained dining tables and chairs and the residents were seen to enjoy their meals at the tables. Despite dining tables being available the inspector observed a number of residents having their lunch served on a small table beside their chair in the day room; this practice did not allow residents to move to a different area for their meals and to relax at a table. Further consideration could also be given to the setting of the tables to give a more homely feel to the dining experience.

It was outlined by the person in charge that the converted day room will be used as a dining room, and that the smaller room planned originally as the dining room will be used as a sitting room."

2. Action required from previous inspection:

Residents' assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or his/her representative and other staff as appropriate.

Completed and ongoing

On the previous inspection the inspector was shown a detailed new set of paper-based assessment and care planning documentation that was on trial on the three units in the centre. On this inspection the inspector was informed that the documentation has been implemented for all residents and a number of completed documentation sets for residents were reviewed; the inspector found that the assessments and care plans were more detailed and focused on the needs, likes and dislikes of the residents. They included residents' life histories and a section called "My Day, My Way" which detailed how residents liked to spend their day and issues

that were of interest to them. Care plans were generally found to be person centred but one plan reviewed talked about “the resident” rather than naming the person. Resident’s involvement in the process was evident from the documentation.

3.Action required from previous inspection:

Ensure that the designated new centre has a comprehensive written risk management policy in place and that it is implemented throughout the new centre.

Ensure that the designated centre is adequately insured against accidents or injury to residents, staff or visitors

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Ongoing

The inspector was shown a comprehensive risk assessment that had been undertaken by external health and safety consultants on 10 August 2011 and a risk management report was seen by the inspector. Full action plans were in place to address all areas of risk; many were completed and others have ongoing actions but progress is updated regularly and reports were shown to the inspector.

- The person in charge told the inspector that ramps were being provided for ten balconies to date, with further ramps being considered. She informed the inspector that balconies will be kept locked until controls are in place and individual risk assessments have been completed
- glass tops were removed from all lockers
- trip hazards from the top of the stairs were removed
- there is a perimeter fence provided around the residential service garden area providing a secure enclosed garden for residents use
- gates were provided to the outside stairways from the activity area to the ground/garden area which also had a risk assessment completed on same.

One further issue identified by the inspector on the follow-up inspection on 1 September 2011 which caused concern, was that following a visit from Cork City Council fire officer the centre was required to put in place further fire protection on the window areas opening off the dining rooms areas and from the quiet/sitting rooms. The provider, builders and engineers explained that they were putting up shutters that automatically shut when there was a fire. These shutters did not have a control mechanism to stop them; if there was anything in the way they just automatically shut. The inspector was not satisfied that the safety of residents could be protected in the event of a resident with limited mobility sitting or standing by the window when the shutter came down. The provider, following the inspection, spoke to the engineers and received confirmation from the hospital architects, engineers and builders that the shutters were fitted with a device that would stop the shutters from descending if an infra-red beam is broken, and the beam can be set at any

height. The devices were fitted prior to residents moving into the building. The inspector received confirmation from the centre's health and safety consultants that they are satisfied with the control measures that will be put in place and that it meets health and safety legislation and Irish/European safety standards.

On the follow-up inspection on 7 December 2011 the inspector saw the regular testing of the shutters in conjunction with the fire safety plan and tests. The infra red beam had been installed but the inspector found it was not set high enough and was concerned that the safety of residents might not be protected in the event of a resident with limited mobility being sat by the window when the shutter came down. The person in charge and the provider assured the inspector that immediate action would be taken to rectify the situation and control measures would be put in place in the meantime for the protection of residents.

Insurance cover was in place from August 2011 and this was seen by the inspector and found to meet regulatory requirements.

The provider furnished to the Chief Inspector written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

4. Action required from previous inspection:

Ensure that mandatory training is provided and that staff members have access to education and training to enable them to provide care in accordance with contemporary evidenced-based practice.

Make arrangements for all persons working in the designated centre to receive suitable training in fire prevention.

Ongoing

The inspectors viewed training records which confirmed that numerous training days had taken place since the last inspection and a large number of staff have been updated in moving and handling, but there were still a number of staff who had not received updates for this mandatory training.

Training on the use of the overhead hoist was mandatory for all staff moving to the new building and was part of the induction programme and this training had been completed.

The inspector was shown the plan for training and induction for all staff. The one-day induction training for all staff moving to the new centre had been completed and included talks and demonstrations from representatives from the various companies and suppliers of new equipment including beds, overhead hoists, other hoists, specialist chairs, bathing equipment and resident information systems.

Fire training in the new building was included in the induction day for all staff.

5. Action required from previous inspection:

Provide written operational policies and procedures in accordance with current regulations that are made available to all staff.

A number of the policies will require review to be centre-specific to the new centre.

Completed and ongoing

The inspector saw that a number of new policies have been completed and a number have been updated and changed to be centre-specific to the new centre; others require completion. A number of these policies were included in the induction programme and training is ongoing to ensure they are rolled out to all staff.

6. Action required from previous inspection:

Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 2.

Partially completed

A substantial amount of work has been undertaken by Human Resource secretarial staff that completed an audit on all staff files and sent off Garda Síochána vetting forms for all staff who had not received vetting. Further references and medicals were requested. This was updated again on 5 December 2011 and a copy given to the inspector.

The doctor responsible for occupational health attended the centre on a number of dates and undertook medical examinations on a large number of staff. But a number of documents remained outstanding and a further action is required.

Report compiled by:

Caroline Connelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

21 December 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
1 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Regulatory Monitoring <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
15 March 2011 and 16 March 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 August 2011 and 3 August 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St Patrick's Hospital Cork
Centre ID:	0582
Date of inspection:	7 December 2011
Date of response:	30 January 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The inspector saw the regular testing of the fire shutters in conjunction with the fire safety plan and tests. The infra red beam had been installed but the inspector found it was not set high enough and was concerned that the safety of residents may not be protected in the event of a resident with limited mobility sitting by the window when the shutter comes down.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Action required:	
Ensure that the designated centre has a comprehensive written risk management policy in place and that it is implemented throughout the centre.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
1. A solution to the fire shutter problem using a column of IR beams has been identified, and is being ordered. It should be installed by the end of February 2012.	29 February 2012
2. A risk management policy is being drafted.	31 March 2012

2. The provider has failed to comply with a regulatory requirement in the following respect:	
Not all staff had received up to date mandatory training in moving and handling.	
Action required:	
Ensure that mandatory training is provided and that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
Reference:	
Health Act 2007 Regulation 17: Training and Staff Development Regulation 32: Fire Precautions and Records Standard 24: Training and Supervision Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
New in-house trainers are being trained. In the meantime external training is being organised	31 March 2012

3. The provider has failed to comply with a regulatory requirement in the following respect:

A number of personnel files did not have copies of three references, evidence of Garda Síochána vetting documents, photographic identification or medical evidence of fitness to work.

Action required:

Provide full and satisfactory information in relation to all staff in respect of matters identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 2.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

An audit of personnel files is being done , and gaps will be rectified as they are discovered.

30 April 2012

Any comments the provider may wish to make:

Provider's response:

St Patrick's Hospital is delighted to have successfully transferred its residents to the new hospital at Curraheen. The new facility has transformed the environment in which they live in a way that can fully meet the National Quality Standards for Residential Care Settings. We look forward to fine-tuning the way we work to ensure that the centre operates to its maximum potential. We welcome the advice and recommendations of HIQA in that regard.

Provider's name: Kevin O'Dwyer

Date: 30 January 2012