Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Centre name:	Unit 1, St Stephen's Hospital
Centre ID:	0715
Centre address:	Sarsfield's Court
	Glanmire
	Cork
Telephone number:	021-4821411
Fax number:	021-4866872
Email address:	john.cronin@hse.ie
Type of centre:	☐ **Private** ☐ **Voluntary** ☒ **Public**
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Gretta Crowley
Person in charge:	Claire Griffin
Date of inspection:	8 September 2011 and 9 September 2011
Time inspection took place:	**Day-1 Start:** 10:00hrs **Completion:** 19:00hrs **Day-2 Start:** 08:30hrs **Completion:** 17:00hrs
Lead inspector:	Breeda Desmond
Support inspector:	Caroline Connelly
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Unit 1 is situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. St Stephen's Hospital is predominantly a mental health facility who's total capacity is 94 people. It facilitates acute mental health, enduring mental health and Unit 1, an Alzheimer's Unit. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. There are extensive walk-ways throughout as well as a pitch and putt club which the local community avail. There is ample parking for visitors and staff.

Unit 1 is a single storey detached building which can accommodate 23 residents. Services provided include 24 hour nursing care for long-stay, respite, and palliative care to older people. There were 17 residents living there at the time of inspection, all with a diagnosis of cognitive impairment.

Residents' accommodation comprises of one single room, four four-bedded and one six-bedded room. Communal space includes a dining room and sitting room. There is a further visitors' room for families to visit in private and an over-night guest room with kitchenette facilities. There are five toilets, one of which is an assisted toilet; two assisted shower facilities. There is a seating area inside the entrance to Unit 1 and beautiful enclosed garden with walkway and garden furniture with panoramic views of the valley and countryside.

Occupational therapy is provided and residents have access to dietician and speech and language therapy, physiotherapy and chiropody. The medical director consultant psychiatrist has responsibility for St Stephen's hospital. The medical team consists of four consultant psychiatrists; two medical registrars and two senior house doctors from the general practitioners' (GP) training rotation scheme, which rotate every six months. This team of doctors provide 24 hour medical care.

Staff facilities include staff changing room with lockers and staff room with kitchenette facilities. There is a large canteen within the hospital grounds which all staff can avail.

The main award winning kitchen and staff dining room is within another Unit on site and staff and visitors avail of this superb service.

There is an extensive education centre in the main administration building which hosts many training and education sessions. It also contains a conference room, medical and nursing libraries/resources rooms.

Date centre was first established:			1980	
Number of residents on the date of inspection:			17	
Number of vacancies on the date of inspection:			6	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents	14	0	3	0
Gender of residents			**Male (✓)**	**Female (✓)**
			√	√

Management structure

The Registered Provider is the Health Service Executive (HSE), represented by the Operations Manager, Gretta Crowley. The Director of Nursing for St Stephen's Hospital is John Cronin. He is supported in his role by four Assistant Directors of Nursing, one of whom, Claire Griffin has direct responsibility for Unit 1 and has been newly appointed to the position of Person in Charge for Unit 1. Carrie Gormley is acting Clinical Nurse Manager 2 (CNM2) and she is supported in her role by senior nurses.

Summary of compliance with 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*.

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. A fit person interview was carried out with the person in charge on 22 September 2011, and with the provider on 21 September 2011. The acting CNM2 and the assistant director of nursing (Unit 1) completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The findings of the registration inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on 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. Residents' and relatives' comments are found throughout the report.

There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with challenging behaviours. Family members interviewed concurred with this and gave very positive feedback regarding the care their relatives received.

Significant issues were identified during this registration inspection including overall governance, management and management structure, health and safety.

Improvements identified included:

- statement of purpose
- review of quality and safety of care and quality of life
- complaints documentation
- safeguarding and safety
- medication management policy
- nursing assessments
- dining experience
- recreation and activities
- premises overall
- staff files
- staff education
- policies and procedures
- notifications.

These issues were discussed throughout the inspection and at the feedback meeting at the end of the inspection. The Action Plan at the end of this report identifies improvements required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

While the statement of purpose provided some of the items listed in Schedule 1, it was not comprehensive. Items missing included:

- clear management structure
- organisational structure
- whole time equivalents for non-nursing staff
- current professional registration, relevant qualifications and experience of the provider and any person in charge
- name and position of each person participating in management
- 24 hour nursing care
- arrangements for respecting the privacy and dignity of residents.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

There is a relatives' advocacy forum to review quality of life with meetings held quarterly. Due to the degree of cognitive impairment this is usually attended by relatives and staff members. Minutes from these meetings were viewed by inspectors and items discussed included the Health Information and Quality Authority's role in relation to Unit 1.

There is a suggestion box at reception to encourage feedback and this is monitored on a weekly basis by the acting CNM2. Inspectors observed visitors were welcomed and there was an open visiting policy with families calling throughout the day.

There was no system in place to review and monitor the quality and safety of care and the quality of life of residents. Quality initiatives were outlined in many of the operational policies; however, these policies were new and in draft form, and consequently had not been implemented.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

There was a policy for the management of complaints and HSE information leaflets were available regarding 'your service your say'. Relatives interviewed all stated they would have no difficulty in bringing any issue to the staff. They outlined that each member of staff were approachable, kind, respectful, easy to talk with and also said they never needed to make a complaint about any aspect of care.

Significant issues were documented and submitted to the director of nursing for analysis and intervention where necessary. While other complaints were dealt with in a timely manner at Unit level, most were not documented.

There is a complaints officer in St Stephen's Hospital to monitor complaints to ensure all complaints are responded to appropriately. Complaints were discussed with the person in charge and she outlined that concerns and complaints were viewed as feedback where by the service provided can be improved, to the satisfaction of residents.

2. Safeguarding and safety

Outcome 4
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

There was a policy available and procedures in place for the prevention, detection and response to abuse; however, this was not comprehensive. While most staff had completed training on adult protection, not all staff had undertaken it. Staff interviewed were aware of what constitutes abuse but were unsure of their responsibilities regarding disclosure and reporting.

Relatives interviewed stated that they felt their family member was safe in the centre and they attributed this to the kindness and respectfulness of staff and the culture of openness.

There was a comprehensive system in place to safeguard residents' finances and best practice was demonstrated in this regard.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

There was a safety statement, a policy on health and safety including clinical and non-clinical hazard identification with control measures identified. There are suitable arrangements in place for responding to emergencies.

Infection prevention and control procedures required serious attention. Multi-task attendant (MTA) staff had not received training in infection prevention and control. Their duties consisted of kitchen and laundry responsibilities whereby staff went back and forth from the kitchen to the laundry throughout the day and some practices observed were not in adherence with best practice. Sluicing was also undertaken in the laundry which posed serious infection control issues, and more so if there were any infections. While there were sharps containers available there was no clinical waste bin. There were some hand hygiene reminders but very few hand hygiene foam dispensers available.

Policies identified several control measures to manage risk; however, some assessments regarding care and welfare did not accord with practice. For example, the policy on challenging behaviour contained a comprehensive behavioural assessment tool which could assist in identifying behavioural trends, was not used and some residents had enduring challenging behaviour. A specific assessment tool for bed rails was not in place; instead a falls assessment tool was utilised for bedrail assessment which did not assess the residents fully.

Not all staff had received training in manual handling and lifting techniques. MTAs rotate onto night duty where they are involved in resident care; however, they had not undertaken this mandatory training.

All staff had received training in fire safety including documented evidence of fire evacuation. There was suitable fire equipment provided and this was serviced annually. While some fire safety checks were undertaken including daily fire checks, there was no evidence of weekly, monthly or quarterly checks undertaken as is required and outlined in their policy.

Accidents and incidents were previously recorded in centre specific forms. Staff inadvertently thought that these forms were obsolete with the advent of the notification forms submitted to the Authority. This resulted in a deficit in accident and incident documentation. The centre specific forms were reviewed by inspectors. While there was substantial detail required of the accident or incident including a risk rating of possible recurrence, there was no area to document learning or preventative action.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

An inspector accompanied a nurse during a medication round and best practice was observed with medication management. There was a signature sheet for nurses responsible for medication management. Up-to-date prescriptions were available for all residents along with their photographic identification. However, prescriptions are reviewed six-monthly rather than three-monthly as described in the regulations.

While there was a policy relating to the administration of medicines, recording near misses and disposal of out-of-date medicines there was no over-arching medication management policy for the ordering, prescribing, storing and administration of medicines.

There were no residents receiving controlled drugs during inspection, nevertheless, best practice was outlined by staff regarding controlled drug management. The medications fridge and locked drug trolley were kept in the surgery and the surgery was locked at all times.

There is a full time pharmacist on site. She discussed a medication audit of benzodiazepines which resulted in a review of prescribing and the subsequent reduction in this medication. However, the pharmacist stated that while medication audits and education sessions had occurred in other Units, they had not occurred in Unit 1.

3. <u>Health and social care needs</u>

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

The medical team for St Stephen's Hospital comprises of four consultant psychiatrists, one of whom is Dr. Harry Doyle, clinical director with overall responsibility for the services provided. The medical team consists of two medical registrars, and two senior house doctors (SHOs) from the GP's training rotation scheme, which rotate every six months. This team of doctors provide 24 hour medical care. They provide 24 hour medical care for the entire hospital. Dr. Doyle is responsible for all admissions to Unit 1 and an admission assessment is carried out prior to admission. Dr. Eleanor Mullin, consultant psychiatrist for older people, facilitates respite admissions to the Unit.

Medical notes were reviewed and were comprehensive with timely and thorough reviews, investigations with results, follow-up appointments and intervention documented.

Residents have access to dietician, speech and language therapy and physiotherapy in Cork University Hospital. Occupational therapy is provided on site. The chiropodist visits every four to six weeks and this service is provided by the hospital. The hairdresser visits regularly and family members bring their relative out to the hairdresser also.

There were many practices which showed evidence of good nursing practice. Inspectors found a low incidence of medication errors and falls and no pressure

sores. Pressure relieving equipment (mattresses and cushions) were used appropriately.

Care plans were reviewed. It was apparent that huge work was undertaken to develop care plans and many had valuable information regarding social and personal aspects of care as well as the health needs of residents, but not all care plans were developed to that degree. While relatives interviewed outlined that staff will contact them if there were any changes in their relatives' condition, they were not aware of the care plan. Family members were involved with staff in producing life story books which were viewed and were beautiful.

The occupational therapist attends the centre for two hours three times a week. Staff on the Unit provide other entertainment including reminiscence therapy and newspaper reading; family members said they spent a lot of time during the summer outside enjoying the enclosed garden. There is an equipped sensory room which staff and the occupational therapist use with residents. Pet therapy is part of the activities programme and residents were observed enjoying Maggie the dog and taking her for a walk. The director of nursing outlined that occupational therapy hours will be extended in Unit 1 shortly and this would enhance activities especially for those confined to bed.

Religious services are provided with daily mass in the main hospital and monthly mass and blessing of the sick in Unit 1. The Chaplain lives on site and will visit any time he is required. Other denominations are facilitated when requested.

There was a policy on restraint but it was inadequate. Several residents used bedrails and documentation relating to the use of restraint, assessment, duration of restraint, discussion and consent was inadequate. There was no documented evidence that restraint was discussed with family members; a falls risk assessment tool was used rather than a specific restraint assessment tool. Nevertheless, there were other interventions in place to reduce the use of restraint such as low-low beds and foam mattresses placed alongside beds.

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

End of life care was discussed with the acting CNM2 and best practice was outlined. Residents have access to the specialist services of Marymount Hospice if required and staff in Unit 1 are competent in syringe driver usage. There are family facilities comprising of a sitting room with reclining chairs, a second room with comfortable chairs and kitchenette facilities. If the resident or family wish, the resident receiving end of life care may be transferred to their single room alongside the family rooms.

These rooms have openings on to the extensive veranda with seating provided outside.

Outcome 9
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

There was a policy for the monitoring and documentation of nutritional intake including a recognised nutritional risk assessment tool; however, this policy was not yet implemented.

Residents were weighed monthly and more frequently if their condition required. Residents had access to dietician and speech and language services and these assessments were part of their individual records. Several residents were viewed receiving special consistency food and fluids as well as dietary supplements.

Most residents had their meals in the dining room. Residents and relatives complimented the food and meal choice. Staff were observed at mealtime, assisting those residents requiring help in a respectful and dignified manner with good interaction. Mealtime was unhurried and residents were accommodated to dine with company or on their own if they wished. Staff were aware of another resident's preference, who chose not to sit by a table and this was accommodated also.

While some improvements were made to the dining room with new tables and two new dressers with appropriate delft displayed, chairs available were sitting room armchairs rather than dining room chairs; there were no condiments and tables were not set, hugely contrasting with the dining room for staff in the staff canteen.

Staff were observed offering fluids and snacks to residents throughout the day but residents did not have easy access to fresh drinking water.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Contracts of care were available for residents. The acting CNM2 discussed contracts of care at the relatives' advocacy meeting where she outlined that these contracts were a legal requirement and all residents must have one. Contracts outlined the fees to be charged, accommodation and services provided.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspectors found that residents received dignified and respectful care. Residents were listened to and staff were aware of each residents' behavioural changes and the interventions necessary to appease and make them content. Residents were enabled to make choices within their capacity and were seen mobilising independently about the unit.

Most bedrooms were multi-occupancy which posed difficulties in maintaining the privacy and dignity of residents. Staff attending to personal care of residents ensured that curtains were drawn both around beds and on glass doors to maintain privacy. Each resident had their own radio alongside their bed.

There was a separate family sitting room which people could use if they so wished to visit in private. While there were phone facilities, residents had to take phone calls in the nurses' station. Mobile hands-free phones were trialled but due to poor signal in the area, they were not introduced.

There are some community links and family members bring residents out to different community events. Residents had access to the radio, newspapers and the Glanmire Area News monthly publication. Some residents were confined to bed and while they had access to the radio there were no televisions in bedrooms; there was just one television in the main sitting room for the entire centre. Family members interviewed stated that this was not an issue for them.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Some residents' had personalised their own space with photographs, ornaments and belongings while others had not. While residents had adequate storage space there was no facilities for residents to hang up their clothes in their wardrobes. Feedback from families was positive regarding laundry with clothes returned and reported that clothes never went missing.

While there was no lockable storage space during inspection, the CNM2 showed inspectors a sample lockable storage Unit to be introduced for residents.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

The person in charge was newly appointed to the position. She has been part of the management team as Assistant Director of Nursing (ADON) in St Stephen's Hospital for several years with direct responsibility for unit 1. She is full time, suitably qualified and experienced with the authority, accountability and responsibility for the service. She demonstrated sufficient clinical knowledge to ensure suitable and safe care. She is engaged in governance, operational management and administration of the centre on a daily basis. The position was discussed with the person in charge. Due to the uniqueness of Unit 1, inspectors identified that while she is involved in governance at unit level, ADONs have not been involved in senior operations management meetings. Involvement in these meetings would be essential for Unit 1 as it is within the complex of St Stephen's Hospital which is predominantly a mental health facility. The person in charge agreed with this summation.

Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and to the size and layout of the centre. There were nurses on duty at all times.

Staff were competent to deliver care and were observed doing so in a respectful manner mindful of residents' dependencies and behaviours. While staff undertook ongoing training and education, no staff member had completed training in challenging behaviour even though this is an Alzheimer's Unit with several residents exhibiting varying degrees of behaviour that was challenging.

Staff files were reviewed. Many files were comprehensive while others had items missing such as qualifications and proof of identity.

The recently appointed acting CNM1 was in post for one month and did not have a job description or a new contract of employment pertinent to her new role resulting in unclear roles and responsibilities. Management structures and reporting mechanisms were unclear.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

All the bedrooms, with the exception of one single room, were multi-occupancy of either four or six beds and were very spacious. However, the multi-occupancy bedrooms present significant constraints in meeting residents' individual and collective needs mindful of privacy and dignity. Many residents did not have comfortable chairs by their bedsides and did not contain wash-hand basins. There were no call bells in either the bedrooms or communal areas for residents or staff.

The sitting room and seating area by main reception were comfortable and homely. Access to the enclosed garden was through doors leading from the sitting room and family members reported that this was a great asset during fine days. The landscaped garden contained a large water feature, garden furniture, patio area with further garden furniture, bird bath and paths. The external grounds were well maintained.

While the centre was clean and clutter-free with adequate storage space for equipment, many of the rooms required painting and decorating.

The main door was alarmed to alert staff to people entering and leaving. The alarm made a very loud shrill noise which completely contravened care and welfare of residents with a diagnosis of dementia, Alzheimer's and challenging behaviour. The phone was equally loud and intrusive to resident's life.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance ☐ Improvements required* ☒

Items missing:

The terms and conditions in respect to accommodation to be provided for residents.

A standard form of contract for the provision of services and facilities by the provider to residents.

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required* ☒

A record of any restraint used on the resident.

A record of any limitation agreed with the resident as to the resident's freedom of choice, liberty of movement and power to make decisions.

General records (Schedule 4)

Substantial compliance ☐ Improvements required* ☒

Complaints:
Complaints recording

Operating policies and procedures (Schedule 5)

Substantial compliance ☐ Improvements required* ☒

Comprehensive medication management policy.
Comprehensive policy on elder abuse prevention and protection including restraint.

Directory of residents

Substantial compliance ☐ Improvements required* ☒

Cause of death not recorded in the residents' register.

Staffing records

Substantial compliance ☐ Improvements required* ☒

Staff qualifications
Proof of identity

Medical records

Substantial compliance ☒ Improvements required* ☐

Insurance cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Previously it was identified that notifications were not submitted to the Authority. This has been remedied. All relevant incidents were notified to the Chief Inspector as required.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

There were appropriate arrangements in place for the absence of the person in charge.

There have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the designated provider, Gretta Crowley, Director of Nursing, John Cronin, acting CNM 2 Unit 1, Carrie Gormley, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed. Feedback was given to the person in charge, Claire Griffin on 21 September 2011.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Breeda Desmond

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

23 September 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report*

Centre:	Unit 1, St Stephen's Hospital
Centre ID:	0715
Date of inspection:	8 September 2011 and 9 September 2011
Date of response:	24 October 2011, 17 November 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect: The statement of purpose did not contain all the items as listed in Schedule 1.	
Action required: Ensure the statement of purpose sets out the aims, objectives and ethos of the centre; facilities and services provided; matters listed in Schedule 1.	
Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

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

Provider's response: Statement of purpose revised and finalised.	Completed

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect: There was no system in place to review quality and safety of care to enable improvements and change.
Action required: Establish and maintain a system for reviewing the quality and safety of care and quality of life for residents.
Reference: Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A template to audit quality of life and quality and safety of care has been sourced and will be implemented on the Unit. Current quality/safety initatives include: ▪ key worker system ▪ three-monthly medication review monthly MUST assessment ▪ comprehensive risk assessment for use of side rails is in place ▪ monthly review of Waterlow Assessment, Bartels Falls Risk Assessment ▪ hygiene audit completed on a monthly basis ▪ three-monthly residents/family advocacy meeting (minuted).	30 November 2011 All Completed

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect: A record of all complaints, detailing the investigation and outcome, and whether the resident was satisfied, was not available.

Action required: Ensure the complaints procedure included a record of all complaints detailing the investigation and outcome of the complaint and whether the resident was satisfied. Records kept shall be in addition to and distinct from the resident's individual care plan.	
Reference: Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Systems now in place reviewed and amended where appropriate. Minor complaints are logged and dealt with at unit level. All other complaints received are recorded and forwarded to complaints officer and are dealt with in an appropriate manner. A monthly record is forwarded by CNM2 to administration officer.	 Now operational

Outcome 4: Safeguarding and safety

4. The provider/person in charge is failing to comply with a regulatory requirement in the following respect: The policy on and procedures for the prevention, detection and response to abuse was inadequate. Not all staff had completed training in responding to suspicions, allegations and disclosures of abuse. Staff were unsure of the support available on 'whistle blowing' and protected disclosure.
Action required: Ensure the policy on the prevention, detection and response to abuse outlines the procedures for: ▪ the prevention of abuse ▪ responding to suspicion, allegation or evidence of abuse or neglect ▪ reporting concerns and/or allegations of abuse to the HSE, Garda Síochána and the Chief Inspector.
Action required: Ensure all staff have undertaken relevant training in adult protection.

Action required: Ensure all staff are aware of their roles and responsibilities in adult protection, including reporting mechanisms.	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Policy completed 4 November 2011. Elder abuse training recommencing on 9 November and 21 November 2011. Trainers informed, course modified to include specifically whistle blowing and protected disclosure.	 4 November 2011 28 February 2012

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect: Some infection control practices were not in keeping with research based best practice. Some staff had not received training in infection prevention and control. While there were sharps containers available there was no clinical waste bin. Policies identified several control measures to manage risk; however, some assessments regarding care and welfare did not accord with policies. All staff had not received training in manual handling and lifting techniques. Accidents and incidents were not recorded appropriately.
Action required: Ensure the risk management policy is implemented throughout the Unit. Ensure precautions are in place to control risks identified. Ensure staff receive training pertinent to their roles and responsibilities.

Action required:

Ensure the risk management policy regarding challenging behaviour is implemented throughout the Unit.

Action required:

Ensure all staff are trained in the moving and handling of residents.

Action required:

Put in place arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Reference:

Health Act 2007
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Appropriate assessment tools in place. Infection control policies in place as issued by infection control officer. Hand hygiene information leaflets for staff available on unit. Clinical waste bin in place. Manual handling training taking place 17 November 2011 and 21 November 2011. Incident recording is now being completed to required standard. Risk management policy implemented. Review of the tasks done on the unit, now two attendants. Will complete separate tasks e.g. laundry and kitchen duties Monday to Friday.	 Completed Completed Completed Completed Completed Completed Completed Completed

Outcome 6: Medication management

6. The provider is failing to comply with a regulatory requirement in the following respect:

While there was a policy relating to the administration of medicines, recording near misses and disposal of out-of-date medicines there was no over-arching medication management policy for the ordering, prescribing, storing and administration of medicines.

Prescriptions are reviewed six monthly rather than three monthly as described in the regulations.

Medication audits, stock review and education sessions had not occurred in Unit 1.

Action required:

Ensure the Unit has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Action required:

Ensure the resident benefits from medication monitoring and review at three-monthly intervals or more frequently if their condition indicates.

Action required:

Ensure quality assurance procedures are in place as outlined in An Bord Altranais guidelines on medication management 2007.

Reference:

Health Act 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management
Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Medication management policy	Implemented
Prescriptions are reviewed three-monthly.	Implemented
Commencing medication audit.	5 December 2011
Education session starting last week of November 2011.	November 2011

Outcome 7: Health and social care needs

7. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

Not all care plans set out the social, personal and health care needs of residents.

Care plans were not developed and agreed with each resident, or in the case of a resident with cognitive impairment with their relative.

Opportunities for all residents to pursue recreational activities cognisant of their dependencies and needs, was limited.

The policy regarding restraint including assessment and recording was inadequate. There was no record any occasion on which restraint is used, and its duration.

Action required:

Ensure that each resident's social, personal and health care needs are set out in individual care plans and agreed with each resident, or in the case of a resident with cognitive impairment with their relative.

Action required:

Ensure that residents are provided with opportunities to participate in activities appropriate to their interests and capacities.

Action required:

Ensure there is a comprehensive policy on restraint which is evidence based and adheres to regulations and national guidelines.

Ensure there is an appropriate assessment tool for the use of restraint.

Ensure a record of any occasion on which restraint is used, the nature of the restraint and its duration is maintained.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 25: Medical Records
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Revision of individual care plan in conjunction with resident/family member. Will review recreational activities. Restraint policy assessment tools recording procedures.	 31 January 2012 29 February 2012 Completed

Outcome 9: Food and nutrition

9. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

The policy for the monitoring and documentation of nutritional intake including a recognised nutritional risk assessment tool was not yet implemented.

The dining room was not furnished appropriate to a dining room and tables were not set as befits a dining room.

Staff were observed offering fluids and snacks to residents throughout the day but residents did not have easy access to fresh drinking water.

Action required:

Implement a comprehensive policy and guidelines for the monitoring and documentation of nutritional intake.

Action required:

Ensure each resident may dine in pleasant comfortable and suitably furnished surrounding.

Action required:

Ensure each resident has access to a safe supply of fresh drinking water at all times.

Reference:

Health Act 2007
Regulation 19: Premises
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

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

Provider's response:	
Policy and assessment tool is in place.	Completed
Furniture for dining room on order.	5 December 2011
Water cooler relocated to dining room.	12 December 2011

Outcome 11: Residents' rights, dignity and consultation

11. The person in charge is failing to comply with a regulatory requirement in the following respect:

There was just one television in the centre.

Residents' did not have access to private telephone facilities.

Action required:

Ensure each resident has access to television, newspapers and other media.

Action required:

Ensure there are telephone facilities that each resident can access in private.

Reference:

Health Act 2007
Regulation 11: Communication
Standard 20: Social Contacts

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Two additional televisions are in place.	Completed
Residents' telephone is on order.	30 November 2011

Outcome 12: Residents' clothing and personal property and possessions

12. The provider is failing to comply with a regulatory requirement in the following respect:

Residents' personal storage space did not facilitate residents hanging up clothes.

Lockable storage space was not available for residents.

Action required:

Ensure that adequate space is provided for personal possessions and that each resident retains control over their possessions.

Reference:

Health Act 2007
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Wardrobes are on order. Personal lockable boxes will be available.	 31 December 2011 30 November 2011

Outcome 13: Suitable person in charge

13. The provider is failing to comply with a regulatory requirement in the following respect:

The person in charge is not involved in senior operations management which would enable her to have complete autonomy, authority and responsibility for Unit 1.

Action required:

Ensure the management processes are such to enable the person in charge to have full autonomy, authority and responsibility for Unit 1.

Reference:

Health Act 2007
Regulation 15: Person in Charge
Standard 27: Operational Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The person in charge now attends senior management meetings.	 Completed

Outcome 14: Suitable staffing

14. The provider/person in charge is failing to comply with a regulatory requirement in the following respect: No staff member had completed training in challenging behaviour even though this is an Alzheimer's Unit with several residents exhibiting varying degrees of behaviour that was challenging. Staff files were missing qualifications, proof of identity and Garda Síochána vetting. The recently appointed acting CNM 1 was in post for one month and did not have a job description or a new contract of employment pertinent to her new role.	
Action required: Ensure all staff members have access to education and training to enable them to provide care in accordance with contemporary based practice regarding challenging behaviour.	
Action required: A person shall not be employed unless all items set out in Schedule 2 are obtained.	
Action required: Ensure policies and procedures relating to promotion of staff are adhered with.	
Reference: Health Act 2007 Regulation 17: Training and Staff Development Regulation 18: Recruitment Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Challenging behaviour training commencing 28 November 2011 and 5 December 2012. Two further dates to be confirmed in the New Year. Re staff files - work in progress. A/CNM1 has received job description and attended Leo programme November 2011.	 28 February 2012 31 December 2011 Completed

Outcome 15: Safe and suitable premises

15. The provider is failing to comply with a regulatory requirement in the following respect:

Bedrooms did not have wash-hand basins.

There was no call bell system in place.

Not all beside chairs ensure comfort and met the assessed needs of residents.

Many rooms, bathrooms and communal areas required painting and decorating.

The main door was alarmed to alert staff to people entering and leaving. The alarm made a very loud shrill noise which completely contravened care and welfare of residents with a diagnosis of dementia, Alzheimer's and challenging behaviour. The phone was equally loud and intrusive to resident's life.

Action required:

Ensure wash-hand basins are provided in each bedroom.

Action required:

Provide a call bell system with due regard to the resident's safety.

Action required:

Ensure all parts of the centre and suitably decorated.

Action required:

Ensure the design and layout meets the collective and individual needs of residents in a comfortable and homely way.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The registered provider has been informed that funding of €2 million made available in 2011 to HSE South for residential services for older people. This money was utilised to complete an audit of all units to carry out priority works and provide fire compliance	

certification. It is anticipated that a similar level of funding will be made available in 2012 and completion of works to achieve fire compliance certification for Unit 1 St. Stephen's Hospital will be prioritised from that funding. It is hoped that works will be completed in the first quarter of 2012. The person in charge has been informed by Estates Department, HSE South that an architect firm have been engaged since 14 October 2011 as consultants to address the fire, safety works i.e. fire doors etc for Unit 1. It is also proposed that when these fire doors are being installed that the firm would also complete refurbishment works i.e. installing hand wash basins, call bell system and painting and this to be done on a step by step priority basis. A planning meeting was held in St. Stephen's Hospital on 11 November 2011 in advance of the working meeting with the design team. A meeting was held in St. Stephen's Hospital in relation to unit 1 on Wednesday 16 November 2011 with the design team to discuss the items outlined above. The design team are due to complete the preliminary stage 1 services by December 2011. The purpose of this preliminary stage 1 is to provide drawings and budget costs for the proposed works. Bedside chairs in place, door bell and phone rectified	31 March 2012 Completed

Outcome 16: Records and documentation to be kept at a designated centre

16. The provider is failing to comply with a regulatory requirement in the following respect: Some policies were not appropriately referenced with legislation and professional references. The residents' register did not contain all the items required including the cause of death. The Resident's Guide did not contain all the items as listed in legislation.
Action required: Ensure that applicable legislation, regulatory requirements, best practice and relevant codes of practice are referenced in policies and procedures.
Action required: A record shall be maintained in respect of each resident those items listed in Schedule 3.

Action required: The resident shall have access to a Resident's Guide which contains all the items as listed in the regulations.	
Reference: Health Act 2007 Regulation 27: Operating policies and Procedures Regulation 21: Provision of Information to Residents Regulation 23: Directory of Residents Standard 1: Information Standard 29: Management Systems Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Work on policies has commenced. Reviewing information guide.	 1 April 2012 5 December 2011

Any comments the provider may wish to make:

Provider's response:

The concerns and issues raised in the report are being given my urgent and utmost attention.

Provider's name: Gretta Crowley

Date: 17 November 2011