

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Columba's Hospital
<b>Centre ID:</b>	OSV-0000552
<b>Centre address:</b>	Thomastown, Kilkenny.
<b>Telephone number:</b>	056 775 4822
<b>Email address:</b>	josephine.galway@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Patricia McEvoy
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	81
<b>Number of vacancies on the date of inspection:</b>	7

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 April 2016 09:30 To: 20 April 2016 16:40

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major

**Summary of findings from this inspection**

St Columba's Hospital was under the overall management of the Health Services Executive (HSE) and provided care for 93 residents. Services include continuing care, short stay, respite care or rehabilitation. Inspectors observed practices and reviewed documentation such as medication records, health and safety, risk management policies and procedures and contracts of care.

This was an unannounced follow up inspection conducted to review aspects of the physical environment in relation to the application to register the designated centre. The Health Information and Quality Authority (HIQA) had also issued a separate provider led investigation to the Registered Provider as a result of receipt of unsolicited information. HIQA was satisfied with the response to the provider led investigation. The inspectors also followed up on any actions arising from the previous registration inspection of March 2015. The majority of actions had been completed with the exception of the premises and medication management.

As identified in previous inspection reports the bedroom accommodation was generally set out in multi-occupancy "bays" and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards).

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure

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

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. 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.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
On the previous inspection it was found that contracts were not provided to residents admitted for short stay, respite or rehabilitation. Inspectors reviewed several contracts of care and found that these are now in place for short stay, respite or rehabilitation residents. These contracts now also reflect the services provided to residents during their stay.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***  
***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
On the previous inspection it was found that inspectors were not satisfied that the arrangements outlined were sufficient to ensure effective governance operational management and administration of both designated centres. On this inspection,

inspectors found that there was a clearly defined management structure that identified the lines of authority and accountability at a senior level within the centre. This included a nominated provider, person in charge, two assistant directors of nursing and a clinical nurse manager in each unit.

The person in charge had changed since the previous inspection. The person in charge is also the person in charge for another centre operated and managed by the HSE 37 kilometres away. She informed inspectors that she is on site in the other designated centre once per week. She links with the nurse manager on a daily basis as is satisfied with the governance arrangements as the nurse manager is supernumerary in the other designated centre.

The fitness of the person in charge had been assessed through interview prior to this inspection. The person in charge demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities according to the Regulations. Inspectors observed that she was actively engaged in the governance, operational management and administration of this centre on a daily basis.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the previous inspection, an incident was observed where current moving and handling practices were not followed. Inspectors did not observe manual handling practices on this inspection, however, training records confirmed that all staff were up to date with manual handling training.

On the previous inspection, it was found that a risk assessment was not available for the smoking area on the ground floor. Inspectors were informed that this internal courtyard was no longer utilised as a smoking area, with residents using the dedicated smoking room on the first floor. This smoking room was ventilated and equipped with a fire retardant apron and recently serviced fire fighting equipment. Inspectors reviewed the risk assessment completed for a resident who smoked and were satisfied that controls were in place to mitigate risks to the resident.

On the previous inspection, it was found that fire drills were not taking place at

adequate intervals. Inspectors reviewed records of three fire drills held in September 2015. The time taken to evacuate the centre was not recorded and night time conditions were not simulated in any drill. Another fire drill was scheduled for May 2016, and the person in charge agreed to simulate night time conditions during this drill. Inspectors reviewed records showing that all staff had received fire training in 2015, with the exception of one staff member who had been trained in 2014. Inspectors spoke to several members of staff, all of whom could demonstrate adequate knowledge of evacuation procedures in the event of a fire.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

On the previous inspection it was found that medication was not stored securely. This remains non compliant on this inspection. Inspectors observed two instances where medications were left in pots on bedside tables for residents one of whom was sleeping. These practices are not in line with best practice in medication management. Medicines which are in the custody of the registered provider should be handled according to legislative requirements and any subsequent legislation or guidance.

On the previous inspection it was found that medication prescription sheets did not contain a signature for each medication order. Inspectors reviewed a sample of four prescription sheets and found that all medicinal products were individually prescribed accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

On the previous inspection it was identified that where medications were administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. Inspectors reviewed a sample of two charts where medications were to be administered in a modified form and found that each medication was individually prescribed and signed by the prescriber.

On the previous inspection it was found that there were gaps in documentation of the daily refrigerator temperature log. Inspectors reviewed the daily refrigerator log and found that daily records were kept.

**Judgment:**

Substantially Compliant

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

A walk-through of the premises was undertaken as part of the inspection. This inspection focussed on St Brigid's and St Anne's wards. Inspectors saw that parts of the physical environment had seen a programme of upgrading works completed since the previous inspection. St Brigid's ward had a new shower and toilet area, St Joseph's ward has also undergone renovation. There was a new secure internal courtyard in St Patrick's ward and St Mary's ward had been renovated.

On the previous inspection it was found that the bedroom accommodation was generally set out in multi-occupancy "bays" and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards).

- While there were toilet facilities available, inspectors found that the facilities were inadequate. Due to residents' dependency levels nearly all in St Brigid's ward were using a commode as required.
- there was a sluice room in St Brigid's Ward but it did not include a separate hand wash sink for staff.
- the design and layout of the multi-occupancy bedrooms did not promote privacy and dignity for residents. None of the proposed actions had been completed on the day of inspection. Subsequent to the inspection a hand wash sink was installed in the sluice area in St. Brigid's ward.

**St. Anne's ward**

This ward had 4 three bedded areas and 2 four bedded areas. There was a day-room and a quiet sitting area. This ward also had one bathroom with bath, one shower room,

and one toilet with wash hand basin and three toilets without wash hand basins. In the toilet area there were wash-hand basins available adjacent to the toilets. The nurse on duty on the day of inspection said that the majority of residents were maximum dependent.

#### St. Brigid's Ward

This ward consisted of 6 three bedded areas. The nurse on duty on the day of inspection outlined that the majority of residents present on the day of inspection were assessed as being at maximum dependency. While there were toilet facilities available, inspectors found that the facilities were inadequate. Due to residents' dependency levels nearly all were using a commode as required. This ward also had a sitting room and a kitchenette. There was also a sluice room.

Overall, inspectors observed that these wards did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. The design and layout of the multi occupancy bays was not suitable for its stated purpose. The provider nominee informed inspectors at the feedback meeting that in 2016 there is funding committed from the minor capital funding in order to redecorate and refurbish St Anne's Ward and St Brigid's Ward for the benefit of the residents in line with HIQA standards.

The Registered Provider attended a meeting with HIQA following this inspection and informed inspectors that St Columba's Hospital is to be replaced by a new build in 2021, in accordance with 'New Build' Standards and Regulations. There were no interim plans to reduce bed numbers in order to improve the quality of life for residents in relation to privacy and dignity in multi occupancy bays.

#### **Judgment:**

Non Compliant - Major

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Columba's Hospital
<b>Centre ID:</b>	OSV-0000552
<b>Date of inspection:</b>	20/04/2016
<b>Date of response:</b>	17/05/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 09: Medication Management

#### Theme:

Safe care and support

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

Inspectors observed two instances where medications were left in pots on bedside tables for residents one of whom was sleeping.

#### **1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Ongoing audit of the medication management policy to identify and correct any deficits identified. On going awareness and training through the various fora within the hospital will continue to ensure nurses are fully aware of their obligations under the medication management policy.

**Proposed Timescale:** 17/05/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The design and layout of the multi-occupancy bedrooms did not promote privacy and dignity for residents.

**2. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

There is a new build agreed as part of the capital plan as notified to HIQA by letter on 26 March 2016 which confirms that the new building to replace St Columbas will be completed by 2021. The new building will provide single rooms with ensuites.

**Proposed Timescale:** 31/12/2021

**Theme:**

Effective care and support

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

The bedroom accommodation was generally set out in multi-occupancy "bays" and did not meet the specifications set out in criteria 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards).

**3. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

As previous advised by our Chief Officer to Mr John Farrelly 26 March 2016 with regard

to our NOD – St Columba’s Hospital is to be replaced by a new build in 2021 in accordance with New Build standards and regulations. A project team has been set up to progress the development briefs and schedules of accommodation for new build. Detailed site assessments and investigations will also be progressed in 2016. This will facilitate the appointment of a design team in 2017.

As advised at our meeting on the 22 April 2016 the HSE, following a government decision is investing in the replacement of St. Columba’s within the context of the Capital Plan 2016-2021. The HSE do agree that the environment in these centres needs to be improved significantly; therefore we are committed to improving the service provision in the centre and will do so with the new development.

The State is also clear that the environment must be brought to the standards and appropriate regulation by the end of 2021.

Bed Closures are also not an option as an alternative to the above, as there would be a significant loss of income to the hospital as a result of bed closures. In addition this would directly impact on the availability of beds in Kilkenny and would impact on the discharge of people from the acute hospitals such as University Hospital Waterford and St Lukes Kilkenny as well as the community.

**Proposed Timescale:** 31/12/2021

**Theme:**

Effective care and support

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

While there were toilet facilities available, inspectors found that the facilities were inadequate. Due to residents’ dependency levels nearly all in St Brigid’s ward were using a commode as required.

**4. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

This will be addressed in the context of the new build.

**Proposed Timescale:** 31/12/2021