

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Brigid's Hospital
<b>Centre ID:</b>	OSV-0000531
<b>Centre address:</b>	Shaen, Portlaoise, Laois.
<b>Telephone number:</b>	057 864 6717
<b>Email address:</b>	shaen.hospital@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
25 October 2016 10:00	25 October 2016 17:30
26 October 2016 09:30	26 October 2016 14:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. She tracked the journey of a number of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed.

St. Brigid's Hospital is a two-storey centre, which provides residential care for 23 people. Approximately 74% of residents have dementia. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. Medication management practices were in line with national guidelines. There were no residents using bedrails or lap belts at the time of inspection.

Recruitment practices met the requirements of the regulations and staff were offered a range of training opportunities including a range of specific dementia training courses.

Some improvement was required to ensure that all residents had opportunities to participate in activities in accordance with their interests and capacities. This is discussed further in the report and included in the action plan at the end.

**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 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge or the clinical nurse specialist and it assessed both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs.

In recent times, the common summary assessment (CSARs) developed in the community prior to admission was now being provided to the centre.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. Although some gaps in the documentation were noted on day one of the inspection they had been addressed by the end of the day. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls and skin integrity. Staff discussed plans to assess residents' level of cognitive impairment on a regular basis to monitor any changes in the residents' condition.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

The inspector reviewed the management of clinical issues such as nutritional care, falls management and dementia care and found they were well managed and guided by robust policies.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a

discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review.

The inspector saw that previous initiatives regarding the presentation of meals that required altered consistencies continued. The inspector saw that residents who required their meal in an altered consistency had the same choices as other residents. The inspector noted that a Nutrition team was established with the assistance of the Clinical Specialist Community Dietician. The terms of reference included reviewing policies, weight management within the centre and the review of residents' vitamin D status.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Physiotherapy was available within the centre. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a check list was in place as a guide to staff regarding the information to be shared. This included a detailed transfer form, a copy of prescription and administration records, blood results etc. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Previous initiatives undertaken continued. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team.

The inspector noted that the centre was currently involved in the Compassionate End of Life project (CEOL) with the Irish Hospice Foundation. This Journey of Change project aims to help centres to become a centre of excellence in end-of-life and dementia care.

**Judgment:**  
Compliant

## ***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place. The inspector saw that refresher training was scheduled.

There were policies in place about managing behaviour that challenges. Policies were seen to give clear instruction to guide staff practice. Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. Assessments were completed following each episode and these were analysed to identify any possible trends or patterns. The inspector saw evidence of regular support from the psychiatry of later life services.

Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behavioural and psychological signs of dementia in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

There were no residents using bedrails or lap belts at the time of inspection. Additional equipment such as ultra low beds had been provided to residents who needed them. A policy was in place should restraint be required.

The centre managed some residents' monies. A robust system was in place for this. Balances checked were correct.

**Judgment:**

Compliant

## ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents including residents with a dementia related condition did not consistently have sufficient opportunities to participate in activities in accordance with their interests and capacities.

The inspector noted that for periods of time during the inspection although a staff member was providing supervision in the communal areas, this did not include the provision of any activities. The inspector noted that some residents required one to one care at this time. Staff confirmed this to be the case. While an activity person was employed, her duties included the provision of care, supervision of the day room and assisting at meal times which limited the amount of time available to engage in meaningful activities. For example the inspector noted that on day two of the inspection the named person was not free to engage in activities until 11.40am. This also meant that the residents on the first floor did not have access to meaningful activities that morning.

At previous inspections, a second person was also involved in the provision of activities. The inspector noted that she was not currently involved as she was otherwise engaged in development initiatives such as policy revision and in the provision of training both in house and in other centres.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 54% of interactions demonstrated positive connective care, 29% reflected task orientated care while 17% indicated neutral care. These results were discussed with the person in charge.

Residents' privacy and dignity were respected, including receiving visitors in private. Adequate screening was available in shared rooms.

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

There was a residents' committee in operation. The minutes were on display in the day rooms. Issues discussed included personalising the bedrooms, access to advocacy services, menu options and suggestions for the baking day.

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

The inspector saw that community involvement was promoted. The centre was involved with the Inter Nursing Home Bocchia League. (Bocchia is an indoor ball game similar to bowls. The goal is to throw or bowl a ball so that it lands as close as possible to the 'jack'). Residents were seen enjoying a match during the inspection. Unfortunately they were beaten although one resident told the inspector 'youth was on the opposition's side'.

Residents were encouraged to maintain their community contacts including local day services. One resident continued with choir practices in the community.

The communication needs of residents were assessed and care plans put in place to address them. The inspector saw where the SALT had been involved in developing communication strategies for a particular resident. The inspector saw staff using various strategies as required. Communication aids such as pictorial cues were also in use.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

Some residents spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. The number of complaints received was minimal.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included dementia specific training and managing responsive behaviours.

Some staff members had undertaken specialist postgraduate training in dementia care and responsive behaviours and they acted as a resource for other staff in the centre.

There were no volunteers in the centre at the time of inspection. The person in charge was aware of the requirements of the regulations in this regard.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

This centre has undergone major refurbishment in recent times. The inspector was satisfied that it currently meets the needs of the residents living there.

St. Brigid's is a two-storey building with a basement. Residential accommodation is across two floors which are accessed by a lift. Both floors are of similar design. There are two dayrooms on each unit, one of which is a designated dining area. There is also a communal larger dining room on the ground floor.

In total there are seven single bedrooms and eight twin bedrooms. Many of the rooms have been personalised with family photos and memorabilia. The inspector noted that in some cases the furniture had been painted the residents' favourite colours. For example the inspector saw that a resident had her wardrobe painted pink and white and she told the inspector that pink was her favourite colour.

There is also a catering department, laundry, Church, administration department and external mortuary.

Efforts have been made to make the centre dementia friendly. Directional signage is available throughout. The inspector saw that the use of contrasting colours was evident in the toilets and bathrooms. Dementia specific clocks with the date, and time were located around the centre. Some bedrooms also had individual clocks.

Of particular note were the paintings on some of the walls. Some were streetscape scenes while others were of particular relevance for an individual resident. One resident told the inspector about the horse he used to have and the inspector saw that in one painting there was a horse similar to the resident's horse. He was in a stable and the name of the horse was painted on the door. In addition the horse's mane was made of hair and provided a tactile stimulation for the residents. This was also noted in one picture of a girl feeding chickens. The oats were actual oats and again provided particular benefit to residents.

The environment was bright, clean and well maintained throughout. Adequate arrangements were in place for the disposal of general and clinical waste. There was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising.

There is a well maintained enclosed garden which residents can access freely from the ground floor. Adequate parking was available at the front and side of the premises.

**Judgment:**

Compliant

## 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:***

Sheila Doyle  
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 Brigid's Hospital
<b>Centre ID:</b>	OSV-0000531
<b>Date of inspection:</b>	25/10/2016
<b>Date of response:</b>	08/11/2016

### 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 03: Residents' Rights, Dignity and Consultation

#### Theme:

Person-centred care and support

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

Residents did not consistently have sufficient opportunities to participate in activities in accordance with their interests and capacities.

#### 1. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

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

The role of the activities co-ordinator has been restructured thus eliminating tasks such as supervision of the dayroom etc. The daily plan allows for all residents including residents with a dementia related condition to participate in activities in accordance with their interests and capacities. All residents have an individual assessment on meaningful activities in their care plan. Documentation relevant to the daily plan of activities will be recorded by all staff involved. The CNM/Nurse in Charge will endeavour to release staff at various times to assist with the delivery of the resident's therapeutic activity plan. The CNS will be more involved and will be responsible for auditing the programme to measure the effectiveness of the changes required.

**Proposed Timescale: 04/11/2016**