St. Finbarr's Hospital inspection report, 29 April 2014

Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	St. Finbarr's Hospital
Centre ID:	ORG-0000580
Centre address:	Douglas Road, Cork.
Telephone number:	021 496 6555
Email address:	irene.walsh@hse.ie.
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa O'Donovan
Person in charge:	Rosemary O'Connell
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	89
Number of vacancies on the date of inspection:	2

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 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 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 1 day(s).

The inspection took place over the following dates and times

From:	To:
29 April 2014 08:25	29 April 2014 15:00

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

Outcome 18: Suitable Staffing
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection, providers attended an information seminar, received evidenced-based guidance and undertook a self–assessment in relation to both outcomes. The inspector met residents, a relative and staff and observed practices on inspection. Documents reviewed included training records, care plans, medication management charts, the complaints log, residents' meetings, residents' and relatives' satisfaction surveys, the directory of residents, documentation in the main kitchen and audits. The person in charge (PIC) who completed the provider self-assessment tool judged that the centre had:
- a minor non compliance with regard end-of-life care and
- a minor non compliance with regard to food and nutrition.

The inspector, on foot of the completion of actions identified by the PIC in the self assessment, found compliance in the two specific outcomes, End of Life Care and Food and Nutrition, with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, the inspector reviewed other outcomes in so far as they related to end of life care and food and nutrition. This is discussed in the body of the report.

This was the sixth inspection carried out on this centre by the Authority. This inspection was unannounced and took place over one day. The inspector noted that

a homely, warm atmosphere existed in each of the five units in the centre. Residents voiced how happy they were and were complimentary of the food. There was evidence of improvements arising from the findings of the self-assessment questionnaires. Staff exhibited an in-depth knowledge about the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity.

Staff voiced how beneficial they found the training in end-of-life care and in nutrition and were able to articulate how they applied the learning gleaned from the training.

The PIC and senior nurse management displayed a competence and a commitment to the delivery of person-centred care and the continued professional development of the staff.

Robust staff training was ongoing and was being conducted on the day of inspection.

The action plan at the end of this report identifies where some improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) 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.

Outcome 18: Suitable Staffing
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.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
The total complement of residents on the day of inspection (89 residents; two vacant beds) accommodated in the five units in the centre were assessed as having as having a high to maximum dependency level. Multi-task attendants' duties included attending to the personal care needs of residents, assisting residents with their meals, carrying out housekeeping/cleaning duties and working in the ward kitchenettes. This division of duties required review to ensure that the care needs of the high/maximum dependent residents' were not compromised as a result of the multi tasks performed. For example: 12 residents in a 16 bedded unit availed of assistance with their meals. Three staff were observed attending to the residents. Some residents required an extended length of time to ensure that the residents received their meal in a safe, leisurely and calm manner. While staff were observed treating residents with dignity and respect at this time, some residents had either to wait for their meal and/or wait for a staff member to assist them with their meal. The staffing levels required review to ensure that the care needs of the residents with complex co-existing medical and nursing care needs, and particularly residents who required assistance with their meals, were met.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Major

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

Findings:
While notable efforts had been made by staff to provide a homely environment for the residents and their visitors, as highlighted in five previous inspections, there continued to be significant lack of any progress in addressing the issues regarding the dining space.
The centre consisted of five units located within a larger HSE campus and comprised:
St Joseph's unit 1 and 2
St. Stephen's unit
St Enda's unit
St Elizabeth's unit. Lounges and living areas were also used for dining and social activities. With the exception of St. Joseph's 1, separate dining space was inadequate in the other units to accommodate all the residents and particularly residents who mobilised with the aid of a specialist chair. Should all residents accommodated in the units choose to dine in the dining/sitting/activity room, it could not be facilitated.

Outcome 14: End of Life Care
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.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
The inspector reviewed the provider's self-assessment questionnaire. The questionnaire captured information regarding to formal, informal practices and management of end of life care. The policy on end-of-life care was currently under review by an appointed steering group.

There was documented evidence that considerable progress had been made on capturing residents' preferences regarding their care at this time.

The PIC's overall self-assessment identified a number of specific actions to ensure

compliance with regulation 14. These included the provision of ongoing training for staff; the implementation of residents' advanced care directives; a review and updating of the centre's policy on end-of-life care. There was evidence that these specific actions were well progressed.

A bereavement leaflet for relatives containing information following the death of a loved one was available. The leaflet offered practical information on what to do following a death, information on how to access bereavement/counselling services and how to register a death.

The centre had a practice development unit which provided a range of ongoing staff training. Staff training records indicated that in 2013:
- 28 staff had attended study days on end-of-life care. Training was in progress on the day of inspection
- 22 staff had attended training on advanced care directives and advanced care planning workshops
- two staff had achieved European certification in palliative care (ECPC).

Staff stated how beneficial they found the training on end-of-life care and were very knowledgeable in how to physically care for a resident at end of life. It was evident that staff were knowledgeable on how to use a syringe driver (a mechanical pump used to administer medications), and the medications used in a syringe driver pump. There was evidence that medication management was regularly reviewed and closely monitored by the attending medical officer under the auspices of the attending consultant of geriatric medicine. The centre had access to the local specialist palliative care service.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and could receive ministers from a range of religious denominations. Members of a pastoral care team visited. The centre had a policy to guide staff with regard to facilitating and engaging in cultural practices at end of life.

Family and friends were facilitated to be with the resident at end of life. Families had access to canteen services during the day and tea/coffee and snacks were provided and available at all times from either the kitchenettes located on each unit. A tea/coffee tray was set and ready for visitors in each unit.

Documentation indicated that, within the last two years, 97% of deceased residents had their end of life care needs addressed without the need for transfer to an acute hospital.

Residents' care plans reviewed reflected that the resident's wishes and choices concerning end-of-life care were discussed and recorded, implemented and reviewed on a regular basis with the resident or with their family where appropriate.

There was evidence that all residents had an updated inventory of their personal belongings and a procedure was in place for the return of personal possessions.

Outcome 15: Food and Nutrition
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.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:

Findings:
The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20: Food and Nutrition and Standard 19: Meals and Mealtimes. The PIC had assessed the centre as having a minor non compliance. Based on the findings on the day of inspection, the inspector deemed the centre as being compliant with Regulation 20.
The centre had up-to-date policies on food and nutrition. A record of staff training submitted to the Authority indicated that:
- 93 staff had attended training on the legal obligation of food handlers
- 13 staff had attended training on dysphagia
- all catering staff had attended training in aspects of food and nutrition.

The in-house speech and language therapy service (SALT) provided ongoing training to all staff in food and nutrition, food consistency and dysphagia. Staff were knowledgeable with regard to the care of residents with a percutaneous endoscopic gastrostomy (PEG) tube and the administration and monitoring of sub-cutaneous fluids.

The inspector reviewed records of resident meetings and no issues were noted pertaining to food and nutrition.

The inspector met with the catering manager who stated that she regularly met with senior management to review catering aspects of the service provided by the centre. Menus, food choices and preferences, residents experiencing weight loss/gain and meal times were discussed. It was evident that the catering department had up to date communication with regard to residents' likes/dislikes. A two weekly menu was in operation. A research project conducted by an external group had evaluated the menu on offer. Residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice in the menu. Pictorial menus were in use. A specific menu was designed for residents had a dysphagia (difficulty in swallowing). This menu offered residents a range of choice for lunch and tea. There was evidence that religious and cultural practices in relation to food were facilitated.

Documentation submitted to the Authority indicated that:

9 residents were on a diabetic diet
17 residents were on a set diet
24 residents were on a semi solid diet
39 residents were on a nutritional supplement
7 residents were on fortified diets.

It was evident that the majority of residents had specific dietary requirements. Records reviewed indicated that residents had access to dietetic services. There was evidence that residents were weighed regularly. There was evidence that residents had a malnutrition screening assessment tool (MUST) carried out on admission and regularly thereafter. Care plans reviewed indicated that residents who had experienced a weight gain/loss were closely observed. Residents had access to occupational therapy and dental services and there was evidence of this in residents' care plans.

A sample of medication administration charts pertinent to nutritional supplements, prescribed by the attending medical officer, was reviewed and it was evident that nutritional supplements were prescribed.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was served to residents from 08:30 hrs onwards. There was evidence that choice was available for breakfast, lunch and evening tea. Residents had a choice for breakfast; hot/cold cereals, breads, beverages and/or eggs cooked to their preference. Residents had the option of having their breakfast served in bed, at their bedside and at a time of their choosing.

Hot trolleys containing lunch were transported from the main kitchen to the kitchenettes on each of the five units. Lunch was served from 12:20 hrs onwards. The inspector noted that lunch, in sufficient portions, was plated and attractively presented. Gravies/sauces and condiments were served separately if required. Liquidised/pureed food was served in separate portions. On the day of the inspection, residents dined in the sitting/dining/activities rooms, in bed or at their bedside. Residents were very complimentary of the lunch. Evening tea was served from 16:30 hrs onwards. Staff confirmed that a snack trolley was served to residents later in the evening and confirmed that residents could have a snack at any time.

Staff were observed communicating and assisting residents, particularly those with a cognitive impairment, in a sensitive manner.

Snacks (biscuits, fruit, toasted sandwiches), smoothies, hot and cold drinks including fresh drinking water were readily available throughout the day. The inspector noted that staff levels required review to ensure that the needs of the residents during mealtimes were met. This was discussed under Outcome 18.

Assistive cutlery or crockery required for a resident with reduced dexterity was provided when required.

The PIC was asked to review the table settings in all units, so as to ensure that the dining tables were set in an attractive manner for the residents. The table settings in some units were more attractive than others.

The centre's complaints log was reviewed and there was no evidence of any issues pertinent to food and nutrition.

The provision of dining rooms was discussed under Outcome 12.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Geraldine Ryan
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[1]

Centre name:	St. Finbarr's Hospital
Centre ID:	ORG-0000580
Date of inspection:	29/04/2014
Date of response:	12/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not ensuring that the numbers and skill mix of staff were appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
We acknowledge that staffing constraints and challenges in the particular unit identified on the day of inspection were apparent. In this unit there is re-deployment of the MTAS from Hygiene/ Kitchenettes duties to nursing care delivery. Further review of skills and

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

separation of duties is underway. A current review of skill mix and a review of mealtimes /protected meal times aims to ensure that residents with complex co-existing medical and nursing needs are supported at meal times. Work is in progress in consultation with the Registered Provider to optimise staffing.

Proposed Timescale: 29/08/2014

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:
Not providing suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises was appropriate to the needs of residents.

Action Required:
Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Please state the actions you have taken or are planning to take:
The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

Ongoing

Proposed Timescale:

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not providing adequate dining space separate to the residents private accommodation.

Action Required:
Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:
The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. We meet on a monthly basis and ensure all our standards are implemented appropriately. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. We will continue to closely liaise with HIQA nationally on this issue and we will advise local inspectors of any updates available to us.

Ongoing

Proposed Timescale: