

# eDeposit Ireland

## St. Patrick's Community Hospital, Summerhill, Carrick on Shannon, Leitrim

Item Type	report
Authors	McCague, Sonia;Rafferty, Nuala
Citation	Sonia McCague, Nuala Rafferty, 'St. Patrick's Community Hospital - Leitrim', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-06
Publisher	Health Information and Quality Authority
Download date	2026-03-13 14:40:15
Link to Item	<a href="https://hdl.handle.net/20.500.14765/70262">https://hdl.handle.net/20.500.14765/70262</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Patrick's Community Hospital
<b>Centre ID:</b>	ORG-0000661
<b>Centre address:</b>	Summerhill, Carrick on Shannon, Leitrim.
<b>Telephone number:</b>	071 96 20011
<b>Email address:</b>	anthony.wadd@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Frank Morrison
<b>Person in charge:</b>	Anthony Bruce Wadd
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Nuala Rafferty;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	80
<b>Number of vacancies on the date of inspection:</b>	5

## **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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From: 24 October 2013 08:30 To: 24 October 2013 16:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The purpose of this inspection was to follow up on the actions required and matters arising following the previous inspection 9 July 2013 along with the providers response on 1 August 2013. Information received from an external party in relation to the centre was also considered within the context of the inspection.

This inspection was announced to facilitate a meeting requested by the management group. Overall, inspectors found improvements in many outcomes and areas that could be addressed by staff, management and maintenance. However, aspects of the premises physical design and layout do not sufficiently meet the needs of each resident, having regard to the number and needs of the residents which challenges the aims, purpose and function of the centre.

While consideration had been given to deficiencies highlighted within the premises and draft proposals and plans were presented to the Authority for discussion and consideration, the proposed reconfiguration and adaptations to the existing premises while retaining existing resident numbers were inadequate and did not satisfactorily address the overall deficiencies of the premises impacting on residents which have been previously detailed and reported following inspections. Previous inspections can be found on [www.hiqa.ie](http://www.hiqa.ie)

Findings from previous inspections related to residents privacy and dignity remain outstanding and are attributed to the design and layout of the premises. Deficiencies within the premises do not support or maximise residents' independence and capacity to exercise personal autonomy and choice.

The findings from this inspection are outlined within the report and in the action plan at the end of this report.

**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 01: Statement of Purpose**

*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.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The required actions to keep the statement of purpose under review and make a copy of the statement of purpose available to the Chief Inspector had been implemented. Whole time equivalent staffing levels and changes in staffing arrangements were to be reviewed further based on the findings discussed on inspection.

The provider is aware of the responsibility to notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

Inspectors reviewed a sample of contracts of care and were satisfied that there was a system in place to ensure each resident had an agreed written contract which included details of the services to be provided and the fees to be charged.

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**Outcome 03: Suitable Person in Charge**  
*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

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

**Findings:**  
Improvement was found in the engagement of the person acting on behalf of the provider and the person in charge in the governance, operational management and administration of the designated centre on a regular and consistent basis. Matters previously reported had been progressed and some were addressed.

**Outcome 06: Safeguarding and Safety**  
*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.*

**Theme:**  
Safe Care and Support

**Judgement:**  
Compliant

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

**Findings:**  
Safeguarding procedures supported by a policy were in place and available to inform staff of types of abuse, indicators, measures and the specific procedure to take or expect in allegations of abuse. Staff knew what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse.

Investigations following allegations of abuse were managed in accordance with operational policy. Systems were in place and measures were taken to safeguard residents.

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Written operational policies and procedures relating to the health and safety of residents, staff and visitors were in place for implementation. Improvement was evident in relation to the identification and timely control/audit of maintenance requests and requirements thus reducing associated environmental risks.

Specific risk issues found on previous inspection and reported had been progressed and/or addressed which included the following:

- staff on duty had received sufficient handover regarding resident needs
- window restrictors were in place on the first floor
- the bedpan washer in Monsignor Young Unit was functioning
- a wash-hand basin was installed in the sluice of Monsignor Young Unit
- the sluice was not cluttered
- racking in shower rooms was addressed
- commode lid/covers were audited to remove/repair if torn in parts
- tiles missing in sluice rooms was repaired
- holes in walls and cracked floor covering was repaired were highlighted. Chipped and stained paint work on walls, ceilings and woodwork highlighted previously was addressed, however, an ongoing and timely cyclical programme of painting was required to address ongoing wear and tear, which is required under action 12.
- due to the open wards, the provision of handrails in circulation areas remains limited. Progress was noted in that handrails and supportive equipment were put in place where practicable such as grab rails in bath/shower and around toilets
- equipment that was out of use was removed and stored elsewhere
- the hinge of a window on the stairwell overlooking the sensory garden was addressed to ensure a smooth closure

The following specific issues previously reported had not been completed:

- residents did not have access to a call bell system to summon staff assistance
- specific arrangements for upgrading or refurbishment within each ward/unit had not been communicated to or confirmed at local/unit level
- chipped and stained paint work on walls, ceilings and woodwork was evident in parts
- storage of equipment on corridors including hoists and catering trolleys obstructed existing handrail use in parts
- due to the design of open wards, the provision of handrails in circulation areas remains limited

- inadequate storage of drug trolleys, assistive devices, specialised/modified chairs and clinical equipment remains outstanding
- open access to the hospital and to all wards and units continued
- side panels to doors along the corridor in one unit where residents bedrooms are located were not connected to a magnetic device to release them or ensure closure in order to contain each compartment. Gaps in/between some fire doors existed since the previous inspection.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

Inspectors followed up on the action required from the last inspection and found that the prescriptive medicines were stored in accordance with current guidelines and legislation.

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place.

### **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 - Moderate

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

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

**Findings:**

Actions required from previous inspections can be located on [www.hiqa.ie](http://www.hiqa.ie) and while some actions were progressed or addressed, many actions associated with the premises remained outstanding.

Improvements were found and systems were in place in relation to the maintenance and repair of the premises, equipment and related matters including the provision of privacy locks in communal facilities highlighted previously on inspection were attended to.

Aspects of the premises physical design and layout do not sufficiently meet the needs of each resident, having regard to the number and needs of the residents as reported previously following inspection. An insufficient number of assisted toilets, baths and showers, having regard to the number and dependency of residents in the designated centre was found. The location of the existing and limited toilets and shower/bath rooms was inappropriate and unreasonable in parts. All residents did not have appropriate arrangements and suitable access to wash hand basins or to suitable and assistive shower/bath facilities. Shower facilities used by dependent residents were located out of the ward area which compromises residents' privacy and independence, and impacted on frequency and access to services. Inadequately located facilities, limited and lack of wash hand basins and suitably adapted toilets and bathrooms negatively impacted on residents overall care and welfare.

While consideration had been given to deficiencies highlighted within the premises and draft proposals and plans were presented to the Authority for discussion and consideration, the proposed reconfiguration and adaptations to the existing premises while retaining existing resident numbers were inadequate and did not satisfactorily address the overall deficiencies of the premises impacting on residents which have been previously detailed and reported following inspections.

Proposals and measures to date did not suitably address the overall deficiencies within the premises to ensure and provide adequate private and communal accommodation for residents, or provide for a sufficient numbers of toilets, and wash-hand basins, baths and showers at appropriate places in the premises, designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre and/or include suitable storage facilities for the use of each resident.

The physical design and layout of wards and units within the hospital was public and shared with up to four residents and others passing along open corridors. The size and layout of bed spaces within shared rooms occupied and used by residents did not promote privacy and did not accommodate suitable equipment such as individual armchair and television for each residents personal needs, as previously reported.

Due to the layout and open plan design of wards and unit, communal activity and behaviour impacted on others visiting and residing within. Conversations undertaken behind screened curtains around residents' beds could be overheard when passing or pausing along open corridors that adjoined bed spaces. Odours within communal areas impacted on others within the shared environment. Staff interacting with and attending to one resident may impact on others sharing the room.

Appropriate support equipment to include a suitable call bell system had not been provided and the provision of handrails remained limited in circulation areas due to the nature and design of the open ward and bay/cubicle environment.

**Outcome 13: Complaints procedures**

*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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures for the management of complaints were in place. The complaints process was user-friendly, accessible to all residents and displayed in a prominent place. Residents were aware of the complaints process and were supported to make complaints.

A record of complaints, investigations, responses & outcomes was maintained and processes were in place to implement learning from complaints.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Findings from previous inspections related to residents privacy and dignity remain

outstanding and are attributed to the design and layout of the premises. Deficiencies within the premises and previously reported www.hiqa.ie do not support or maximise residents' capacity to exercise personal autonomy and choice. Routines, practices and facilities did not maximize residents' independence.

**Outcome 17: Residents clothing and personal property and possessions**

*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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

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

**Findings:**

Measures for residents to retain control over their own possessions and clothing were progressed. Lockable storage facilities at bedsides in some wards and within storage rooms in another unit were provided and to be made available to all residents. However, due to the limited personal space available within the design and layout of shared bedroom/spaces a limited amount of personal items could be facilitated as previously reported and as referenced in Outcome and Action 12.

**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:**

Compliant

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

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

**Findings:**

Actions required from the previous inspection were followed up on this inspection.

An actual and planned staff rota was available and maintained. Staff were familiar with residents and of their needs and abilities.

A review of staffing and skill mix had been undertaken and a contingency plan to address planned leave, absences and retirements was being implemented.

A training needs analysis was to be completed to inform education and training needs for staff development.

## **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:***

Sonia McCague  
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. Patrick's Community Hospital
<b>Centre ID:</b>	ORG-0000661
<b>Date of inspection:</b>	24/10/2013
<b>Date of response:</b>	30/05/2014

### 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 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

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

The following specific issues previously reported had not been completed:

- residents did not have access to a call bell system to summon staff assistance
- specific arrangements for upgrading or refurbishment within each ward/unit had not been communicated to or confirmed at local/unit level and a recorded plan of works to be undertaken was not available
- chipped and stained paint work on walls, ceilings and woodwork was evident in parts previously highlighted
- storage of equipment on corridors including hoists and catering trolleys obstructed existing handrail use in parts
- due to the design of open wards, the provision of handrails in circulation areas remains limited
- inadequate storage of drug trolleys, assistive devices, specialised/modified chairs and clinical equipment on corridors remained outstanding.

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

- open and uncontrolled access to all wards and units was found.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The installation of the Call Bell System has been completed since the last inspection (December 2013). This has been installed in Dr McGarry, Sheemore and Rivermeade. Training has been provided and the system has been welcomed by the Residents Group. The Wander Tag system has been commissioned and training was provided in January 2014, this has been added particularly in access points in Sheemore, Rivermeade and Dr McGarry. The Panic/Warning alarm system has been commissioned in Monsignor Young and has provided a further control measure for addressing risks concerning resident, visitors and staff safety.

Following a recent National Capital meeting, the replacement of St Patrick's Hospital with a new 75 bed purpose built residential centre is listed as a priority two level, indicating development in 2018. In an effort to improve the current facility prior to this development, a further submission was given to the National Estates group for consideration. This submission was based on the attached plans which accompany this action plan. As nominated provider, I have been notified that our last submission has been accepted by the Capital Group and a funding allocation of €1million has been granted towards the refurbishment of St Patrick's. This is an interim measure which will improve the facility for residents between now and the provision of a new build. A full project team is been established and a plan of works will be completed in June 2014. However prior to work commencing, assurances would have to be received from the Authority that the potential works to be carried out in St Patrick's will be acceptable as an interim measure until the new build in 2018.

If the attached plans are acceptable as an interim measure, further additional work in relation to bed allocation can also take place within the hospital. Bed allocation would be as follows; Rivermeade unit will be a 22 bed long term care unit which will have all facilities improved as part of the upgrade. Dr McGarry will be a 20 bed short term care unit capable of treating both male and female patients in separate areas. Sheemore Ward will be maintained as a 22 bed long term care unit with upgraded facilities. Monsignor Young Unit will continue as an 18 bed Dementia Unit. This reallocation of beds will allow for a greater privacy and greater bed spacing for our long term care residents within the hospital. It must also be noted that in order to facilitate greater privacy for our residents, the above plan involves a further reduction of beds in St Patrick's Hospital from 85 down to 82, having originally reduced from an overall total of 112 beds. This bed reduction is contrary to the HSE National Service Plan recommendation of "no bed reduction in 2014".

Monsignor Young Unit has been fully redecorated with full colour coding suitable to residents with dementia. This was completed in May 2014 as per the cyclical painting

programme within the Hospital. Rivermeade Unit was fully painted in 2013. Dr McGarry Ward and corridor also had paint work carried out in 2013.

The suggested plans ( same attached ) facilitate storage which will assist in particular with storage of catering trolleys and hoists. Three new store rooms have been included in Dr McGarry Ward, three further rooms are also incorporated within Rivermeade Unit. A large storage room was created off Sheemore Ward in 2013. The removal of equipment in particular catering equipment will allow for better access to the existing hand rails.

Handrails will be installed on any open wall area as part of the refurbishment programme.

New store rooms as listed above have been included on the proposed plans which should facilitate storage of assistive devices, clinical equipment etc.

In relation to open and uncontrolled access to all units, there are sign in books on each unit as per regulations .We encourage open access to our two open units Sheemore and Dr McGarry regarding visitation and the other two units have controlled access(through electronic key codes). Our Hospital encourages a community connection and the links with the local community are vital to maintaining links.

There is also a new Wander Tag alert system in operation

**Proposed Timescale:** 13/06/2014

**Theme:** Safe Care and Support

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

Side panels to doors along a corridor where residents bedrooms are located in open bays were not connected to a magnetic device to release them or ensure closure in order to contain each compartment.

Gaps in/between some fire doors existed since the previous inspections.

**Action Required:**

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

The side panel to the doors along the corridor will remain bolted closed. These may be opened to allow for the passage of big pieces of equipment for example a bed but will be bolted directly afterwards. This will ensure compliance with Fire Regulations.

The gaps between fire doors have been highlighted to Estates department and have been repaired in February 2014.

**Proposed Timescale:** 28/02/2014

## **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:**

Aspects of the premises physical design and layout do not sufficiently meet the needs of each resident, having regard to the number and needs of the residents. An insufficient number of assisted toilets, baths and showers, having regard to the number and dependency of residents in the designated centre was found.

The location of the existing and limited toilet and shower/bath room facilities was inappropriate and unreasonable in parts.

All residents did not have appropriate arrangements and suitable access to wash-hand basins or to suitable and assistive shower/bath facilities.

Shower facilities used by dependent residents were located out of the ward area which compromises residents' privacy and impacts on frequency and access to services. Inadequately located facilities, limited and lack of wash hand basins and suitably adapted toilets and bathrooms negatively impacted on residents overall care and welfare.

Proposed reconfiguration and adaptations to the existing premises while retaining existing resident numbers were inadequate and did not satisfactorily address the overall deficiencies of the premises impacting on residents which have been reported and found on inspections.

The existing facilities and size and layout of bed spaces used by residents did not promote privacy and did not accommodate suitable equipment.

Due to the layout and open plan design of wards and unit, communal activity and behaviour impacted on others visiting and residing within.

Appropriate support equipment to include a suitable call bell system had not been provided and the provision of handrails remained limited in circulation areas due to the nature and design of the open ward and bay/cubicle environment.

### **Action Required:**

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Funding has now been sourced to improve the physical environment with the Hospital. Changes to the physical design and layout of the wards are indicated in the attached plans. These plans include for.

- Three new assisted toilets and assisted shower facilities on Dr McGarry Ward.
- An upgrade of an existing toilet and shower facility located on Dr McGarry Ward.
  
- Two new toilets located on Rivermeade Unit.
- Upgrade of 4 existing Shower / toilet facilities on Rivermeade unit.
  
- Upgrade of an existing shower room / toilet on Sheemore Unit.

The provision of these new toilets / shower facilities will be in compliance with the environmental standards required for existing buildings.

All new toilets and shower facilities were positioned in such a way so as to assist the resident in easy access and are at a suitable location on each ward.

In relation to wash hand basins, 21 new wash hand basins have been included in the plan. These are located as follows;

- 6 new wash hand basins are located in Sheemore Ward.
- 11 new wash hand basins are located in Rivermeade Unit.
- 4 new wash hand basins are located in Dr McGarry Ward.

Bed Spaces. In order to provide for privacy and dignity of the residents, St Patricks Hospital sought permission and was allowed to reduce its bed complement from 112 to 85 beds. This is a decrease of 27 beds. This has ensured that all existing six bedded units within the Hospital now operate as four bedded units. The attached plans requires a further three bed reduction to facilitate as much privacy as possible within the existing building for residents which will cater for individual and collective needs in a comfortable and homely way.

A fully functional call bell system has been installed. Hand rails will be installed as part of the ward upgrades on all available walls.

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**Proposed Timescale:** 13/06/2014

**Theme:** Effective Care and Support

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

Due to the layout and open plan design of wards and unit, communal activity and behaviour impacted on others visiting and residing within.

The location of the existing and limited toilet and shower/bath room facilities was inappropriate and unreasonable in parts and did not promote resident privacy.

All residents did not have appropriate arrangements and suitable access to wash-hand basins or to suitable and assistive shower/bath facilities.

Shower facilities used by dependent residents were located out of the ward area which compromises residents' privacy and impacts on frequency and access to services. Inadequately located facilities, limited and lack of wash hand basins and suitably adapted toilets and bathrooms negatively impacted on residents overall care and welfare.

The existing facilities and size and layout of bed spaces used by residents did not promote privacy and did not accommodate suitable equipment.

**Action Required:**

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

Please see attached plans. Actions as listed above.

**Proposed Timescale:** 13/06/2014

**Theme:** Effective Care and Support

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

Appropriate support equipment to include a suitable call bell system had not been provided and the provision of handrails remained limited in circulation areas due to the nature and design of the open ward and bay/cubicle environment.

**Action Required:**

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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

The call bell system has been installed and completed in December 2013. The provision of handrails will be included with the ward upgrades. However, due to the open ward plan of the hospital it may not be possible to provide handrails in all areas.

**Proposed Timescale:** 13/06/2014

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Wash-hand basins were not available in each bedroom or communal area.

**Action Required:**

Under Regulation 19 (7) (a) part 2 you are required to: Provide wash-hand basins in each bedroom and ensure a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.

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

The plans incorporate wash-hand basins in all ward areas. Please note above.

**Proposed Timescale:** 13/06/2014

**Theme:** Effective Care and Support

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

Suitable and sufficient numbers of toilets, wash-hand basins, showers and baths were not provided in appropriate places to meet the needs of all residents.

**Action Required:**

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

**Proposed Timescale:**

**Theme:** Effective Care and Support

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

An insufficient number of assistive toilet, shower and bathroom facilities was found which negatively impacted on residents.

**Action Required:**

Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

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

Shower facilities and assisted toilets are included on the attached plans which will provide for easy access for the residents.

**Proposed Timescale:** 13/06/2014

**Outcome 16: 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:**

Findings from previous inspections related to residents privacy and dignity remain outstanding and are attributed to the design and layout of the premises reported in Outcome/Action 12.

**Action Required:**

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Bed Spacing on Rivermeade unit has been changed in order to provide better privacy and dignity for the residents. The location of the dining and sitting area is also being changed to allow for further privacy between the ward / sleeping area and day area on the ward.

A new bedroom with en suite facilities has been created on the plan for Dr McGarry ward. This will provide for additional privacy for on the ward. The old six bedded unit will also be reduced to 5 beds thereby allowing more space for each resident. The residents in this five bedded unit will also have an en suite facility in close proximity which will ensure added privacy for those residents. Dr McGarry has already reduced its bed compliment by 8 beds.

The day room area in Sheemore will have an additional partition which will ensure better privacy for those in the day room area. Assisted Shower Rooms and toilets will be upgraded to allow for more space when residents are receiving care. Sheemore ward has already reduced its bed compliment by 8 beds. Extra storage has been created in an adjacent area off Sheemore ward.

Reallocation of beds within the hospital can occur if the proposed refurbishment is carried out. This gives a greater level of privacy, dignity, and over all space for long term care residents in particular within the Hospital. The plans will also promote our facility to be accessible, safe, hygienic, spacious and well maintained as required by the relevant legislation. It must be noted that this is an interim measure until the expected new build in 2018.

**Proposed Timescale:** 13/06/2014

**Theme:** Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Deficiencies within the premises and previously reported [www.hiqa.ie](http://www.hiqa.ie) do not support or maximise residents' capacity to exercise personal autonomy and choice. Routines, practices and facilities did not maximize residents' independence.

**Action Required:**

Under Regulation 10 (b) you are required to: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

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

The suggested changes as outlined in the attached plans will assist with the personal autonomy and choice of the residents.

**Proposed Timescale:** 13/06/2014