



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Mary's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Mary's Residential Care Service, Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	14 September 2022
Centre ID:	OSV-0000538
Fieldwork ID:	MON-0035618

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Mary's Hospital provides services for adult male and female residents over the age of eighteen years. It predominately provides care for persons over the age of 65 years who can no longer cope living in their own home including those with advanced dementia. It can provide care to a maximum of 30 residents. The bedroom accommodation consists of eight multiple occupancy and eight single bedrooms, some of which are ensuite. The centre is situated on an Health Service Executive (HSE) site with other HSE buildings and services. It is situated on a hill overlooking in Drogheda town. The town is within walking distance from the centre, hence it is in close proximity to public transport and an abundance of local services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 September 2022	10:00hrs to 15:45hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

This was a well managed service that provided safe care and services for the residents. Residents living in St Mary's Hospital expressed satisfaction with all aspects of the care and service they received. They told the inspector it was a nice place to live and that they felt safe and their needs were being met.

Staff were observed interacting with residents in a calm, quiet and friendly manner. For example, the inspector observed staff reading one of the daily newspapers to a resident and they discussed the news together. Staff were also observed assisting residents to mobilise throughout the centre while enabling them to maintain their independence where possible.

Residents received visitors as they pleased and those visitors spoken with said they could come anytime. Those spoken with were delighted that there were no restrictions on visitors to the centre.

Residents said the food was lovely as were the staff. They said the staff were kind and caring and that there was always someone available to assist them as needed. They said their privacy was maintained and assured the inspector that staff always knocked and sought permission prior to entering their bedroom.

Residents spoke very positively about the wide-range of activities available to them. They spoke about the day care facility they attended each week in the town and about the weekly outings they took to places of interest to them. One resident said they were never in the nursing home, between all the activities and trips out with family, and that the inspector was lucky to find them in that day. Residents had access to a wide variety of daily and weekly newspapers, televisions and radios.

Overall, this was a well maintained centre that residents called home. Resources had been sought to maintain its upkeep and these works were in progress. Residents' rights were upheld and their right to privacy respected. It was a place where residents' independence was promoted.

The next two sections of the report will discuss the findings and the levels of compliance found on this inspection. The information will be set out under the specific regulations and summarised at the beginning of each section.

Capacity and capability

This was an unannounced risk inspection during which the compliance plan from the previous risk inspection was followed up. The inspector found that the compliance

plan responses had been implemented. The inspector also found that the centre was in compliance with the regulations reviewed on this inspection.

The senior management structure consisted of the manager of Louth services for older people and the person in charge. A number of other supports were available within the centre and as part of the wider Health Service Executive, including human resources. At operational level, within the centre there were also clinical and administrative supports to the person in charge including administration personnel.

A continuous monitoring system to review the delivery of services provided was in place. This included regular reviews of clinical care and risk indicators of key areas of care.

Appropriate resources were available to ensure the centre was well maintained internally and externally and to ensure all equipment was serviced as per the manufacturers recommendations.

There were appropriate staffing numbers in place to meet the needs of the residents. Residents displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well cared for and this was reflected in nursing assessments and care plans reviewed for a sample of these residents.

The records requested for review were made available and the content of those reviewed met the regulatory requirements, including information for residents.

Regulation 14: Persons in charge

The person in charge worked full-time and this was reflected on the planned and actual staffed roster. The person in charge met the criteria to be named person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were good. They enabled staff to meet the assessed needs of the 27 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was a minimum of one qualified nursing staff on at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it contained all the required information.

Judgment: Compliant

Regulation 21: Records

Records were available for review. Those requested and reviewed were clear, concise and easily achievable.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

An annual review for 2021 was available for review, it included feedback from residents together with a quality improvement plan for 2022.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been

addressed by the provider.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available for review, it met the regulatory requirements and had been updated within the past year.

Judgment: Compliant

Quality and safety

Residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for. They received a high standard of care as reflected in their feedback included in the centre's annual review for 2021.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour were being effectively supported by staff who knew them well.

Residents had an activities assessment completed which reflected each residents interests, likes and preferences. There were adequate facilities available to deliver activities to residents. These facilities included two large communal rooms and a wide variety of equipment.

The premises was well maintained in side and out with a continuous improvement

programme in the process of being carried out and in line with the annual review for 2021. This included a new extension which was well underway and due for completion in early 2023.

Fire equipment was serviced as per best practice guidelines and the documents in relation to servicing of all equipment used within the centre were well maintained and provided to the inspector for review on request. Staff had had fire training and they knew the procedure to follow in the event of the fire alarm sounding. The fire drills completed to date assured the inspector that residents could be evacuated in a timely manner.

Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated by staff and other residents to communicate freely. The communication care plan for these residents reflected the person centred care they required and received which assured the inspector their communication needs were met in a holistic manner.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on visitors. There was space for residents to meet their visitors in areas including and other than their bedrooms. There was a visitors book which residents were requested to sign prior to entering and on departing the centre.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including lockable unit for safekeeping.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and tidy. It was warm and well lit. Residents had access to an adequate amount of private and communal space to meet their needs. Residents also had access to an outdoor courtyard which they could access in dependently from the communal areas.

The inspector saw that the centre was divided into two units: Meadow View and Sunny Side. The centre had six three bedded rooms and two twin bedrooms. One of these twin bedrooms, the oratory and the staff room were in the process of being upgraded. Residents living in the shared rooms had an appropriate amount of private space available to them. The inspector saw that residents had personalised their own bedroom and those sharing bedrooms had personalised their private space. The bedrooms appeared homely with comfortable lounge chairs and side tables available for residents use. The bedroom windows had inside shutters in place which facilitated residents to control the amount of day light entering their bedroom.

Residents on each unit had access to two communal shower rooms and there were four assisted showers available in total on the premises.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated center's policy on responsive behaviours was updated recently. There were appropriate and detailed care plans in place and supervision provided as per the residents' individual needs. The use of any restraints was minimal and appropriate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant