



**Report of the Evaluation of Standards
in
St. Mary's Hospital, Phoenix Park**

March 2008

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SECTION 1

Executive Summary

Introduction

The Health Service Executive commissioned the authors of this report to conduct an independent, objective evaluation of the Standards in St. Mary's Hospital, in the Phoenix Park, in December 2007. This evaluation commenced in December 2007 and was completed in March 2008. A total of eight areas of the Hospital were focused on in conducting the evaluation (specifically, the areas accommodating people in long-term residential care within St. Mary's).

This report presents the findings of the evaluation. At the time that the evaluation commenced the Health Information and Quality Authority (HIQA) had published a draft set of National Quality Standards for Residential Care Settings for Older People in Ireland (consultation document – August 2007). These standards had their origins in an initial set of Draft National Standards for Residential Care Settings for Older People, published by the Department of Health and Children (January 2007). The reviewers assessed the standards in St. Mary's against all 32 draft standards, incorporating 278 sub-criteria, as set out in the HIQA (2007) draft standards document. In addition to this a considerable number of residents, families, staff and management were interviewed to gain their views on the current standards in place in St. Mary's and this has provided invaluable information on the life experience of residents of St. Mary's. These views further substantiated the evaluation process utilised.

Structure of the report

This executive summary summarises the findings of the evaluation of St. Mary's. It describes which standards have been fully met, which standards have been partially met and which standards have not been met. The executive summary presents an overview of current good practice that is in place within St. Mary's and it also identifies areas where further development and improvements are required. Specific recommendations are also made with regard to the required improvements.

The executive summary is followed by a comprehensive detailed description of the standards in place within St. Mary's. Each of the 32 standards and their associated sub-criteria are presented, as detailed in the HIQA Draft Standards document (2007) and the results of the evaluation of each standard are set out immediately after the standard itself, for the purpose of easy reading. The authors have then detailed, in tabular format, whether the standard has been either fully, partially or not met and the evidence for verifying the rating given is identified.

Terms of Reference

The terms of reference of the evaluation were:-

1. To conduct an independent, objective evaluation of the standards within the 8 designated wards / units of St. Mary's Hospital, which accommodate people in long-term residential care. These units / wards were: -
 - Rhiannon
 - Cedar
 - Bebhin
 - Rosal
 - Phoenix
 - Clements
 - Chapel View
 - Deerpark Lodge

2. To provide a report on the findings of the evaluation, which:
 - Highlights good practice in relation to the standards in place
 - Identifies areas that require further development or improvement in relation to standards within the hospital
 - Makes recommendations in relation to actions that are necessary in relation to the further development and improvement of standards within the hospital

Methodology

The methodology used in conducting the evaluation involved: -

1. Development of the evaluation tools.
2. A team from Joe Wolfe & Associates spending considerable time in St. Mary's observing practice and assessing the standards in place.
3. Interviews with a total of 26¹ randomly chosen residents from across the 8 areas using a semi-structured interview questionnaire.
4. Interviews with a total of 25² randomly chosen family members from across the 8 areas using a semi-structured interview questionnaire.
5. Interviews with a total of 31³ randomly chosen staff from across the 8 areas using a semi-structured interview questionnaire.
6. Interviews with a number of relevant others including the Director of Nursing, the Hospital Manager, the Clinical Director, the Local Health Manager, other management staff and heads of disciplines (multidisciplinary staff).
7. Analysis of all policies, procedures and guidelines within the organisation.
8. Analysis of all documentation relevant to the review including but not restricted to files, care plans, minutes of various meetings, planning documents, training records, assessment and planning frameworks, and reports on internal audits and satisfaction surveys.

¹ During the analysis of these interviews, as relevant, the view of the majority interviewed supported our decision as to whether a standard criteria was met or not.

² During the analysis of these interviews, as relevant, the view of the majority interviewed supported our decision as to whether a standard criteria was met or not.

³ During the analysis of these interviews, as relevant, the view of the majority interviewed supported our decision as to whether a standard criteria was met or not.

Key Findings

Attainment of the Standards

The findings with regard to the analysis of the standards are presented below.

Table 1 Summary Analysis of the Standards

Standard Number	Area that Standard Addresses	Number of Criteria within the standard	Number of Criteria met fully	Number of Criteria met partially	Number of Criteria not met	Number of Criteria not applicable	Standard fully met	Standard partially met	Standard unmet
1	Information	5	4	1				Yes	
2	Consultation and Participation	4	4				Yes		
3	Consent	10	10				Yes		
4	Privacy and Dignity	8	7	1				Yes	
5	Civil, Political and Religious Rights	8	7	1				Yes	
6	Complaints	6	6				Yes		

Standard Number	Area that Standard Addresses	Number of Criteria within the standard	Number of Criteria met fully	Number of Criteria met partially	Number of Criteria not met	Number of Criteria not applicable	Standard fully met	Standard partially met	Standard unmet
7	Contract / Statement of Terms and Conditions	3	0	0	3				Yes
8	Protection	4	3		1			Yes	
9	The Residents' Finances	6	6				Yes		
10	Assessment	5	5				Yes		
11	The Residents' Care Plans	6	6				Yes		
12	Health Promotion	4	1	2	1			Yes	
13	Health Care	3	2			1	Yes		
14	Medication Management	12	10		1	1		Yes	
15	Medication Monitoring and Review	5	5				Yes		
16	End of Life Care	12	9	1	2			Yes	
17	Autonomy and Independence	9	6	2	1			Yes	

Standard Number	Area that Standard Addresses	Number of Criteria within the standard	Number of Criteria met fully	Number of Criteria met partially	Number of Criteria not met	Number of Criteria not applicable	Standard fully met	Standard partially met	Standard unmet
18	Routines and Expectations	6	3	1	2			Yes	
19	Meals and Mealtimes	12	10	1	1			Yes	
20	Social Contacts	5	4		1			Yes	
21	Behaviours that Challenge	23	22	1				Yes	
22	Recruitment	6	3	2	1			Yes	
23	Staffing Levels and Qualifications	9	6		3			Yes	
24	Training and Supervision	8	7	1				Yes	
25	Physical Environment	43	19	8	16			Yes	
26	Health and Safety	23	20	2	1			Yes	
27	Operational Management	8	4			4	Yes		
28	Purpose and Function	6	3	2		1		Yes	
29	Management Systems	8	8				Yes		

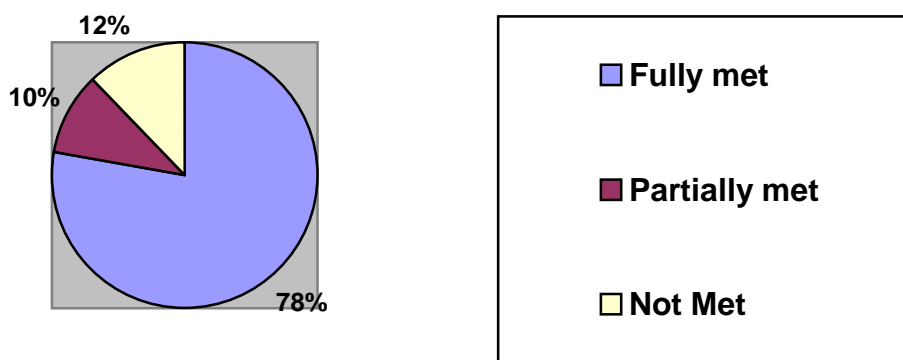
Standard Number	Area that Standard Addresses	Number of Criteria within the standard	Number of Criteria met fully	Number of Criteria met partially	Number of Criteria not met	Number of Criteria not applicable	Standard fully met	Standard partially met	Standard unmet
30	Quality Assurance & Continuous Improvement	4	4				Yes		
31	Financial Procedures	2	2				Yes		
32	Register and Residents' Records	5	5				Yes		

Analysis of Standards

As can be seen in the above table, there are a total of 32 standards in all. Of the 32 standards, 13 have been fully met, 18 standards have been partially met and St. Mary's has not met 1 standard (the standard on contracts, which is unlikely to be met, in our view, within any public services nationally at present). A minimum of 75% of each standard was met in 14 of the 18 standards that have been partially met, while the remainder met half or less than half of the standard.

The 32 draft standards have been broken down into 278 sub-criteria. When one looks at the number of applicable standard criteria, a total of 271 standard criteria were applicable to St. Mary's and a total of 211 (78%) of these criteria were fully met, 27 (10%) were partially met while 33 (12%) were not met. The following figure presents the level of attainment of the standard criteria by St. Mary's.

Figure 1 Level of attainment of the standard criteria



As can be seen from Figure 1, St. Mary's has met a substantial majority of the standard criteria. The standards which had the most unmet criteria were the standards on the Physical Environment (16 out of 43 criteria not met), Staffing Levels and Qualifications (3 out of 9 criteria not met) and Contract / Statement of Terms and Conditions (3 out of 3 criteria not met). More detailed exploration of the attainment and non-attainment of standards are detailed in the following pages.

Strengths in Place with Regard to the Standards

As is evident from the analysis of the standards in the Hospital and further substantiated by the interviews⁴ conducted, there are many aspects of good practice in place within St. Mary's. Much of the good practice observed, particularly in relation to care planning documentation, policy development, system implementation and audit is of an exceptional standard, which in the reviewers experience could be replicated in other Irish services. Many of these initiatives are innovative and of a very high quality and all involved in St. Mary's should be commended for these good practices.

The strengths that emerged from this evaluation, in particular, included: -

1. Very clear evidence of consultation with residents and families.
2. Very good practices in place with regard to consent to treatment.
3. Very good practices in place with regard to the handling and management of complaints.
4. Very good practice in place with regard to the assessment and addressing of health needs.
5. Very good practice in place with regard to policy development and implementation.
6. Excellent staff training and development processes, including induction and weekly education series, mandatory training and a broad range of other programmes aimed at improving the range and quality of service provided.
7. Very good practices in place with regard to medication management.
8. Very good practices and systems in place with regard to health and safety (although there are some environmental factors that restrict this).

⁴ Utilising a method of analysis where the majority view was adopted.

9. Very good practices in place with regard to abuse protection and prevention.
10. Very good practice in place with regard to provision of a nutritious diet.
11. Very good practice in place with regard to the assessment of residents.
12. Very good practices in place with regard to the development of “Essence of Care” within the Hospital, with obvious, tangible benefits.
13. Excellent practice in place with regard to the management of behaviours that challenge and with regard to the prescription and management of physical interventions.
14. Very clear evidence of continuous internal audit and evaluation, with excellent reports and follow up on recommendations made from these.
15. Very good practices in place with regard to operational management, management systems and continuous quality improvement within the service.
16. Excellent care planning processes in place, which are very much indicative of best practice.
17. Very good practices are in place with regard to the register and residents’ records.
18. Some of the recruitment practices / systems in place are of a very high standard.
19. A very committed activity department and team.
20. An excellent liaison nurse service.
21. A wide range of innovative and / or good practice initiatives including: -
 - The Care Pairs Project

- The practice development aspect of the service
- The advocacy project / residents' forum
- The communication diary project in Clements
- The customer satisfaction sheets
- The Ear Clinic
- Very high standards of infection control
- Team away days held in each of the wards / areas
- The use of daily communication boards in each area (which were up to date)
- Excellent audits of psychotropic medication usage
- The link nursing system in place
- The spiritual supports in place
- The open days for family members
- A range of memorial initiatives for deceased residents
- An excellent dementia care mapping initiative
- Dysphagia screening
- A hospice friendly committee
- Staff meetings with clear agendas and minutes
- A number of very well developed proposals for improvements within the Hospital, which clearly illustrate a continuous quality improvement approach by the management and clinical team.
- A focused residents' activity week was held and appears to have been very positive and beneficial.

Recommendations and areas for Development / Improvement

1. Physical Environment

In excess of 50% of the standard criteria that were not met by St. Mary's relate directly to limitations in the current physical environment. This is elaborated in greater detail below.

- Standard 4 (privacy and dignity) could not be met fully in all areas. Despite staff doing their utmost to maintain residents' rights to privacy and dignity to a very high standard, the environment hinders this from occurring fully, particularly in Deerpark Lodge, Cedar and Phoenix. The physical environment is also not conducive to allowing sufficient privacy prior to and at the time of death.
- Standard 5 (civil, political and religious beliefs) could not be fully met. The biggest obstacle to the standard being fully met is the limited access to community-based facilities, the geographical location of the Hospital, the lack of a designated bus and staffing levels (needed to facilitate greater access to community based facilities).
- Standard 12 (health promotion) could not be fully met due to limitations in the physical environment. The absence of a coffee shop on site, and inequitable access to activities for people with challenges in relation to mobility and cognitive function (and particularly those in Cedar, Phoenix and Rhiannon) impact on this.
- Standard 16 (end of life care) could not be fully met due to the absence of adequate private facilities in St. Mary's and due to the restrictive size and nature of the mortuary.
- Standard 17 (autonomy and independence) could not be fully met, partly due to the unsuitability of the environment. There are limitations in several of the residential areas with regard to providing a personal stimulating environment.
- Standard 18 (routines and expectations) could not be fully met, particularly in Rhiannon, Phoenix and Deer Park Lodge due to a

difficulty in creating “home-like” living as a result of significant environmental shortcomings.

- Standard 20 (social contacts) could not be fully met, particularly in relation to residents’ not being able to see visitors in private in all wards. Again, this is due to environmental restrictions.
- Substantial aspects of standard 25 (physical environment) could not be met due to limitations in the current environment. The physical environment is in poor condition with many associated risks evident. There are a large number of residents with poor physical mobility and cognitive impairment being cared for in the second and third floor of the building. In the event of fire, in our opinion it would be difficult to guarantee safe evacuation of all residents and it poses a high risk factor for the service with the probability of fatalities.
- Due to the poor physical structure a number of other standard criteria could not be met and until the environment is altered it will not be possible to meet these standard criteria. The lack of space to provide essential and personal care is a concern as residents’ privacy and dignity is compromised on a continual basis. Due to the structure and window height it is impossible for residents to see out, which deprives them of daily stimulation and opportunity to see the seasons change. The lack of a secure garden is affecting behaviour and depriving residents of the opportunity to walk around safely and experience daylight and fresh air. Residents are confined, restricted and deprived of choice, independence and autonomy in certain aspects of the current environment. Bathrooms and toilets are inadequate for the needs of the residents, they are insufficient in number, too far from residents and space within them is inadequate.
- In addition to the above, the current environment leaves nowhere for certain residents to go during the day and as a consequence many are sitting beside their bed and having meals beside their bed, without access to any other environment. There is no sense of normalisation (as in getting up and going to living areas as would have been their routine previously). Residents’ privacy and dignity is also compromised by the lack of space, which affects their capacity to have visitors in private, to spend time alone and to have consultation with other health care professional in private. In addition to this the

absence of designated / sufficient single rooms for terminal care impacts negatively on people's privacy and dignity.

The reviewers recommend that the planning group recently established progress the physical environment issues as a matter of great urgency and priority, with a particular focus on the replacement of beds. There are a number of serious issues within the current environment, from a risk perspective, that must be addressed. Serious consideration should be given to utilizing some of the newly built beds on site, to reduce / eliminate the use of the current unsuitable units. The priorities with regard to the development and improvement of the environment must include Rhainnon, Cedar, Deerpark Lodge, and the development of a coffee shop within the Hospital, the improvement required with regard to end of life care in the mortuary and in the units, the improvement of the lifts, specialist environmental adaptations for people with complex behavioural needs and the development of a staff changing room that meets the requirement of standard criteria 26.21.

In addition to this, it is essential that any development of the service at St. Mary's be aligned with primary care developments within the region.

2. Contract / Statement of Terms and Conditions

At present, St. Mary's does not reach any of this standard, as residents do not have a written contract / statement of terms and conditions. **Clearly, the Organisation must develop a standard contract, in consultation with the legal department of the Health Service Executive and put such a contract in place for all residents.** The reviewers recommend that this should be put in place as a matter of priority.

3. Staffing levels and qualifications

Standard 23 (staffing levels and qualifications) could not be met fully. Agency staff and overtime is used extensively and not just for unforeseen contingencies. A total of 24.14 whole time equivalent Nursing staff were employed through either overtime or agency in 2007. In addition to this a total of 33.08 whole time equivalent Health Care Assistants were employed through either overtime or agency in 2007. The main reason for this, as reported to us, is a high number of unfilled vacancies traditionally, and a lack of capacity to fill these posts due to employment embargoes. There are

considerable risks associated with such a use of agency staff and overtime (in particular). It is also more costly to employ staff in this manner, rather than employing additional full time staff. In addition to this, many of those spoken to during the evaluation spoke of the negative impact on the quality of care and the quality of life of residents associated with the use of agency staff.

Furthermore, the number and skill mix of staff is not determined and provided in accordance with a transparently applied, validated assessment tool, to plan for and meet the needs of residents.

The reviewers recommend that the over-dependency on overtime and on agency staff should be addressed as a matter of urgency. However, this dependency cannot stop without regular appropriate replacement staff being put in place; as the service could not continue to be delivered at current levels without such staffing numbers.

The reviewers also recommend that the staffing level and skill mix be assessed in accordance with a transparently applied validated assessment tool, to ensure that the needs of residents can be planned for and met. This is of fundamental importance with regard to enabling a person centred model of service to be delivered; and to enable a substantial increase in activities for all residents (and for those with mobility challenges and cognitive challenges in particular).

4. Other issues

A number of other areas require attention to enable the standards to be fully met by St. Mary's and to also enable a continuous improvement in quality within the Service. The key improvements required include: -

- A need for a job description to be put in place for the hospital manager. In addition to this the roles and responsibilities of the post and the grading of the post should be reviewed to ensure that the grading accurately reflects the duties and responsibilities of the post holder, particularly taking into account the current expansion of the hospital.

- A need for a standard contract to be drawn up for use with all recruitment agencies used by St. Mary's. This should be carried out in consultation with the legal staff / department of the H.S.E. and the procurement and contracts department of the H.S.E.
- A need for increased multi-disciplinary involvement at management team meetings.
- A need for development of an organogram clearly defining the management structure and lines of reporting responsibility for all staff.
- A need for increased access to multi-disciplinary staff and in particular more Physiotherapy staff, Occupational Therapy staff, Speech and Language Therapy staff and Social Work Staff assigned to long term wards / units. One of the major difficulties in this area is a reported delay in the recruitment process and this would appear to need to be completed in shorter timeframes.
- A need for more staff continuity (regular rather than agency staff) to enable a more person centred service, with increased autonomy, to be delivered.
- A need for a continued shift to a person centred model of service provision, with a focus on more activities, more social integration and less focus on routines.
- A need to implement a staff performance management (personal development planning) system within the Hospital.
- A need for daily menus to be made available to residents.
- A need for a policy to be developed and implemented on whistle blowing. The review team acknowledges that Trust in Care provides a basis for staff reporting incidents/concerns, however the organisation would benefit from a distinct local policy in this regard.

- In addition to the above the absence of a full time, designated medical officer poses some concern and the reviewers are of the view that the service plans to employ such a staff should proceed as a priority.
- The Consultant Geriatrician within St. Mary's has also developed a project planning document, which sets out a proposal for St. Mary's to become a teaching Nursing Home and Extended Care Institute, in partnership with an academic institution. The reviewers are of the view that this would have tremendous benefits for St. Mary's and for other Irish services for older people, if it were to be progressed. We recommend that serious consideration should be given to the development of this initiative.

Conclusion

As is evident from this executive summary, and from the entire evaluation report, the standards in place within St. Mary's are very good in many regards. All involved in the service should be commended for this. It is important to note that the vast majority of families and residents spoken to during this process were totally satisfied with the staff approach to them, with communication, and most importantly with the quality of care. The vast majority of all those spoken to during the review had many positive things to say about St. Mary's Hospital and this is extremely encouraging. Equally though, the general views about what needs to be improved were also quite unanimous, and also reflect the findings of the evaluation team. The most fundamental aspect is the environment and in particular the need to replace current unsuitable beds as an absolute priority. In addition to this other key aspects are; replacement of agency and overtime with additional full time staff, improvement in staffing to enable increased activities and social opportunities for all (but particularly for those with mobility and cognitive challenges), the development of contracts for residents, and a continued shift to more of a person centred service.

The reviewers would like to thank all who participated in this review and in particular the residents in St Mary's, for their open and honest account of the care that they are receiving in the service and for their welcome of strangers into your lives. The feedback we received from family members was invaluable to us in conducting the review and we would like to express our thanks for their patience and co-operation during the interviews. We would

also like to thank all the staff and management of St Mary's, who made us very welcome during the evaluation. We found staff to be very courteous, professional, helpful and co-operative throughout the evaluation and any request for information was met with a prompt and professional response.

Anne Jacob

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31st March 2008

Section 2

The Health Information and Quality Authority Draft Standards and detailed results of the analysis of the attainment of these standards in St. Mary's Hospital

Standard 1: Information

Each resident has access to information, in an accessible format, appropriate to his/her individual needs, to assist in decision making.

Criteria

- 1.1 There is a residents' brochure clearly written and made available in an accessible format to each resident and each prospective resident. It includes a description of:
 - The residential care setting's statement of Purpose and Function. (See Standard 28: Purpose and Function)
 - The services and facilities (including external facilities) provided.
 - The programme of activities provided, including those that are available in the local community.
 - The individual accommodation and communal space provided.
 - The name of the registered person-in-charge and the general staffing arrangements.
 - The number of places provided and any special needs or interests catered for.
 - The arrangements for inspection of the residential care setting and details of how to access inspection reports, the Social Services Inspectorate and the Health Service Executive.
 - An outline of the residential care setting's complaints procedure.
 - The name of the registered provider.
- 1.2 The prospective resident and/or his/her family or representative are informed of all fees payable including charges for activities and services that may have additional costs.
- 1.3 The registered person-in-charge ensures that the prospective resident and/or his/her family or representative is invited to visit the residential care setting before he/she makes a decision to stay. Emergency admissions are avoided where possible. The opportunity to meet with other residents during a visit is facilitated.
- 1.4 The prospective resident is given the opportunity to have an appointed member of staff meet him/her in his/her own home or current accommodation, to further discuss what the transition into long term care will mean, if this is what he/she wishes.
- 1.5 When an emergency admission is made, the registered person-in-charge undertakes to inform the resident within 48 hours about key aspects of the service.

Standard Number 1 Each resident has access to information, in an accessible format, appropriate to his/her individual needs, to assist in decision making.

Criteria Number	Is the Criteria Met			Describe evidence that verified rating	Additional Comments
1.1	Yes	No	Partially ✓	Presence of an Information Booklet.	Approximately half of this standard criteria is met. The information document has some very good elements; however it requires some additional development.
(9 Sub Criteria)					
1.1.1	Yes ✓	No		Documentation confirms this.	
1.1.2	Yes ✓	No		Documentation confirms this.	
1.1.3	Yes	No	Partially ✓	Activities available in local community not specified.	
1.1.4	Yes	No ✓			
1.1.5	Yes	No	Partially ✓	The booklet details Title and Telephone Numbers of Heads of Departments.	
1.1.6	Yes	No ✓			
1.1.7	Yes	No ✓		It is not currently possible to meet this criteria in the Irish system.	
1.1.8	Yes ✓	No		Brief outline of how to process a complaint is detailed in the information booklet.	
1.1.9	Yes ✓	No		Documentation confirms this.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
1.2	Yes <input checked="" type="checkbox"/> No	Resident interviews confirmed this. Documentary evidence confirmed this. Policy clearly identifies this is the case. Observation clearly confirms that this happens.	Very good evidence that this standard criteria is fully met.
1.3	Yes <input checked="" type="checkbox"/> No	This is facilitated through the Liaison Nurse Service. Residents and family interviews confirmed this. Observation clearly confirms this is happening.	Very good evidence that this standard criteria is fully met.
1.4	Yes <input checked="" type="checkbox"/> No	Liaison Nurse visits prospective resident in current care setting to discuss transition to long-term care. Residents and family interviews confirmed this.	Very good evidence that this standard criteria is fully met.
1.5	Yes <input checked="" type="checkbox"/> No	Emergency admissions are generally avoided and all admissions are arranged through the Liaison Nurse Service.	Very good evidence that this standard criteria is fully met.

Summary of Standard 1:

As can be seen from the evidence detailed above, St. Mary's has met the vast majority of this standard (it has met 4 of the 5 criteria fully and 1 criteria partially) and they should be commended for this. The advent of the Nurse Liaison service within St. Mary's has had a considerable positive impact on this standard. This liaison service has been of immense benefit to residents and families in the transition to long-term care.

Standard 2: Consultation and Participation

Each resident's rights to consultation and participation in the organisation of the residential care setting, and his/her life within it, are reflected in all policies and practices.

Criteria

- 2.1 Where the resident has been admitted to the residential care setting in an emergency, he/she is given time, information and, if necessary, access to an advocate, in order to decide whether or not to remain in the residential care setting on a long term basis. (See Standard 3: Consent)
- 2.2 The resident is offered the opportunity to contribute ideas to and participate in the day-to-day activities of the residential care setting.
- 2.3 The registered person-in-charge facilitates the establishment of an in-house residents' representative group for feedback, consultation and improvement on all matters affecting the residents. The residents' representative group includes residents, residents' family members, staff and/or management and at least one nominated person to act as an advocate for people with dementia/ cognitive impairment. A record is made of all suggestions for improvements, compliments and complaints and issues raised by the residents' representative group, and the actions taken.
- 2.4 Feedback is actively sought from the resident on an on-going basis on the services provided. The residential care setting clearly demonstrates how the impact of the resident's feedback informs reviews and future planning.

Standard Number 2 Each resident’s rights to consultation and participation in the organisation of the residential care setting, and his/her life within it, are reflected in all policies and practices.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
2.1	Yes <input checked="" type="checkbox"/> No	In general emergency admissions do not occur. However, advocacy service is available. A Link Nurse is identified on each unit.	Very good evidence that this standard criteria is fully met.
2.2	Yes <input checked="" type="checkbox"/> No	Through the advocacy service residents have confirmed they have made suggestions and contributed ideas. Documentation also confirms this.	Very good evidence that this standard criteria is fully met.
2.3	Yes <input checked="" type="checkbox"/> No	Residents have confirmed involvement in the residents representative group. Link nurse from each unit represents residents with cognitive impairment/dementia. Family member is present on group. Notice of meeting is posted in each unit. There is a notice in each unit seeking participation on the group.	Very good evidence that this standard criteria is fully met.
2.4	Yes <input checked="" type="checkbox"/> No	Customer satisfaction feedback sheet available on each unit which can be completed by the resident or family member. Documentation of minutes also confirms this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 2

This standard has been met in full with clear evidence of resident participation in Residents' Representative Groups and Advocacy meetings. Evidence of suggestions and concerns raised dealt with. Information and notification of meetings posted on notice board in all units. The organisation should be commended for this good practice.

Standard 3: Consent

Each resident's consent to treatment and care is obtained in accordance with legislation and current best practice guidelines.

Criteria

- 3.1 The resident is presumed to be capable of making informed decisions except in the circumstances outlined in Criteria 3.4 and 3.8.
- 3.2 The residential care setting has a policy that outlines the procedure for seeking consent from the resident prior to any treatment or intervention, or in the case of an emergency, in accordance with best practice. The policy addresses when the resident does not wish to consent and when the resident lacks the capacity to consent. The policy is consistent with Health Service Executive policy and any guidance issued by professional regulatory bodies.
- 3.3 The resident is facilitated to access an advocate/advocacy services when making decisions relating to consent to treatment or care, if necessary and in accordance with his/her wishes.
- 3.4 The resident's lack of capacity to give informed consent on one occasion is not assumed to hold true on another occasion. Where there is any doubt as to the resident's capacity to decide on any medical treatment or intervention, his/her capacity to make the decision in question is assessed by a suitably qualified professional and in accordance with the residential care setting's policy. A new assessment is carried out for each such decision, unless there is clear evidence indicating that this is unnecessary.
- 3.5 The information provided to the resident or his/her representative, for the purpose of informing choices, is given at the earliest opportunity and in a manner that he/she can understand in order to ensure, as far as possible, that he/she has sufficient time to consider the information given and his/her options.
- 3.6 The resident or his/her representative is provided with the information required to make an informed choice about any proposed medical intervention or treatment. The information outlines the advantages and disadvantages of the proposed action, including any likely side effects.
- 3.7 Clear explanations in a format and language suitable for the resident, and/or appropriate communication and visual aids are used to assist the resident, where necessary, in decision making, and in keeping with the principle of maximising autonomy.

- 3.8 Where the resident is deemed to lack the capacity to give or withhold consent, account is taken of his/her past and present wishes, needs and preferences, where they are ascertainable, and his/her general well-being and cultural and religious convictions.**
- 3.9 The resident's wishes and choices relating to treatment and care are discussed and documented, and as far as possible, implemented and reviewed regularly with him/her.**
- 3.10 Where written consent is required, forms are maintained within individual case records.**

Standard Number 3 Each resident’s consent to treatment and care is obtained in accordance with legislation and current best practice guidelines.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
3.1	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this is the case.	Evidence that this criteria is met.
3.2	Yes <input checked="" type="checkbox"/> No	Documentary evidence confirms this.	Very good evidence that this standard criteria is fully met.
3.3	Yes <input checked="" type="checkbox"/> No	Link nurse on each unit who facilitates access to advocacy services. Residents confirm they can access the advocacy service. Independent advocate facilitates the advocacy meetings and visits units/areas and liaises with the link nurse.	Very good evidence that this standard criteria is fully met.
3.4	Yes <input checked="" type="checkbox"/> No	Documentation verifies this (case-notes and policy).	Very good evidence that this standard criteria is fully met.
3.5	Yes <input checked="" type="checkbox"/> No	Resident and family interviews confirm this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
3.6	Yes <input checked="" type="checkbox"/> No	Resident and family interviews confirm this.	Very good evidence that this standard criteria is fully met.
3.7	Yes <input checked="" type="checkbox"/> No	Resident and family interviews confirm this. Observation illustrates that speech and language therapist is working with people with specific needs to this regard. Specialist aids are in use.	Very good evidence that this standard criteria is fully met.
3.8	Yes <input checked="" type="checkbox"/> No	Documentary evidence confirms this (care plans).	Very good evidence that this standard criteria is fully met.
3.9	Yes <input checked="" type="checkbox"/> No	Documentary evidence confirms this (care plans). Resident and family interviews also confirm this.	Very good evidence that this standard criteria is fully met.
3.10	Yes <input checked="" type="checkbox"/> No	Documentary evidence confirms this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 3

As can be seen from the evidence detailed above, this standard has been fully met. This is evidenced by a Consent Policy, documentation and resident and family interviews.

Standard 4: Privacy and Dignity

Each resident's right to privacy and dignity is respected.

Criteria

- 4.1 Care practices are personalised to respond to the resident's individual needs and preferences.
- 4.2 Arrangements are in place to ensure that the resident's privacy, dignity and modesty are respected at all times, and with particular regard to;
- maintaining social contacts to the extent to which he/she wishes to do so
 - spending time alone, in accordance with his/her wishes
 - expressions of intimacy and sexuality
 - wearing his/her own clothing
 - dressing and undressing
 - being assisted to eat and drink
 - consultations with social care and other professionals
 - examinations by health care professionals
 - personal care-giving
 - circumstances where confidential and/or sensitive information is being discussed
 - entering bedrooms, toilets and bathrooms
 - care received prior to and at the time of death
- 4.3 The resident receives enhanced support at times of acute distress in a manner that takes account of his/her particular needs and preferences.
- 4.4 Staff demonstrate their respect for the dignity, modesty and privacy of the resident;
- through their general demeanour
 - through the manner in which they address the resident
 - through their appearance and dress
 - by avoiding ageist, racist, sexist or other inappropriate comments or jokes

It is understood that lapses are unacceptable, even when staff are working under pressure.

- 4.5 The resident has access to a telephone for use in private. Residents aged over 65 years are entitled to a telephone line free of charge. The registered provider assists eligible residents to avail of this facility, should they wish to do so. Any circumstance in which restrictions on the use of the telephone are imposed are agreed with the resident or his/her representative and recorded.**
- 4.6 The resident receives his/her mail promptly and unopened.**
- 4.7 Where the resident shares a room, full fixed screening is provided, to ensure that his/her privacy is not compromised when personal care is being given.**
- 4.8 The resident's permission is sought before any person enters his/her room.**

Standard Number 4 Each resident’s right to privacy and dignity is respected.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
4.1	Yes √ No	Documentary evidence confirms this.	Very good evidence that this standard criteria is fully met. Care plans are of a very high standard.
4.2	Yes No Partial √		
4.2.1	Yes √ No	Resident interviews confirm this.	The staff are doing their utmost to maintain residents’ rights to privacy and dignity to a very high standard. The environment, however, restricts residents’ rights to dignity and privacy; particularly in Deerpark Lodge, Cedar Ward and Phoenix Ward.
4.2.2	Yes No √	Physical structure prohibits this.	
4.2.3	Yes √ No	Resident interviews confirm this.	
4.2.4	Yes √ No	Resident/family interviews and observation confirm this.	
4.2.5	Yes √ No	Observation confirms this is happening.	
4.2.6	Yes √ No	Observation confirms this is happening.	
4.2.7	Yes √ No	Observation confirms this is happening.	
4.2.8	Yes √ No	Observation confirms this is happening.	

4.2.9	Yes ✓ No	Observation confirms this is happening.	
4.2.10	Yes ✓ No	Residents/family interviews confirm this.	
4.2.11	Yes ✓ No	Observation confirms this is happening.	
4.2.12	Yes No ✓	Policy in place but the physical environment is not conducive to allowing sufficient privacy prior to and at the time of death.	
4.3	Yes ✓ No	Resident/family interviews confirm this.	Very good evidence that this standard criteria is fully met.
4.4	Yes ✓ No		Very good evidence that this standard criteria is fully met.
4.4.1	Yes ✓ No	Resident/family interviews and observation confirms this.	
4.4.2	Yes ✓ No	Observation confirms that this is happening.	
4.4.3	Yes ✓ No	Observation confirms this.	
4.4.4	Yes ✓ No	Resident/family interviews/observation verifies this.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
4.5	Yes <input checked="" type="checkbox"/> No	Resident interviews confirm this.	Very good evidence that this standard criteria is fully met.
4.6	Yes <input checked="" type="checkbox"/> No	Resident interviews confirm this.	Very good evidence that this standard criteria is fully met.
4.7	Yes <input checked="" type="checkbox"/> No	Observation verifies this.	Very good evidence that this standard criteria is fully met.
4.8	Yes <input checked="" type="checkbox"/> No	Observation verifies this. There are also notices/signs on doors insisting that people do not enter while care is being given and this is excellent practice (and it does work)	Very good evidence that this standard criteria is fully met.

Summary of Standard 4

As can be seen from the evidence detailed above, St. Mary's has met the vast majority of this standard (it has met 7 of the 8 criteria fully and 1 criteria partially) and should be commended for this. Excellent initiatives have been undertaken with the Essence of Care Standard on Privacy and Dignity implemented on all units. Residents and families confirm this.

The biggest obstacle to the standard being fully met is the physical environment, which is not conducive to fully ensuring privacy and dignity. It is essential that the environmental deficits are addressed and this will enable the full standard to be met.

Standard 5: Civil, Political and Religious Rights

Each resident is facilitated to exercise his/her civil, political and religious rights, in accordance with his/her wishes.

Criteria

- 5.1 The residential care setting has a policy that acknowledges the rights of the resident. The policy sets out the manner in which the resident is informed of and facilitated in the exercise of his/her rights.
- 5.2 The resident has access to citizen's information and advocacy services. (See Standard 3: Consent)
- 5.3 The resident has equitable and timely access to health care services. Where medical care is not provided by the residential care setting team, the resident has access to a general practitioner of his/her choice. (See Standard 13: Health Care)
- 5.4 The resident is facilitated to participate in the political process.
- 5.5 The resident is facilitated to access legal advice.
- 5.6 The resident is facilitated to access community-based facilities. (See Standard 18: Routines and Expectations)
- 5.7 The resident's decision to participate in activities involving personal risk is respected, and when necessary, is documented.
- 5.8 The resident is facilitated to observe his/her religious beliefs. (See Standard 18: Routines and Expectations)

Standard Number 5 Each resident is facilitated to exercise his/her civil, political and religious rights, in accordance with his/her wishes.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
5.1	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this is the case.	Very good evidence that this standard criteria is fully met.
5.2	Yes <input checked="" type="checkbox"/> No	Residents/family interviews confirm this. Policy clearly identifies this is the case.	Very good evidence that this standard criteria is fully met.
5.3	Yes <input checked="" type="checkbox"/> No	Resident/family interviews confirm this. Documentary evidence confirms this.	While the criteria is met, the current medical reviews are conducted predominantly by registrar staff and there is a need for a full time medical officer post to be put in place in St. Mary's.
5.4	Yes <input checked="" type="checkbox"/> No	Resident/family interviews confirm this.	Very good evidence that this standard criteria is fully met.

5.5	Yes ✓ No	Resident/ family interviews confirm this.	Very good evidence that this standard criteria is fully met.
5.6	Yes No Partially ✓	Resident/ family interviews confirm this happens for some individuals; however this could be further improved.	The geographical location, the lack of a designated bus and staffing levels restrict this. However, it is necessary that this area is further developed.
5.7	Yes ✓ No	Resident/family interviews confirm this. Documentary evidence confirms this.	
5.8	Yes ✓ No	Resident/family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 5

As can be seen from the evidence detailed above, St. Mary's has met the vast majority of this standard (it has met 7 of the 8 criteria fully and 1 criteria partially) as evidenced by the residents, family members and documentation and the service should be commended for this.

The biggest obstacle to the standard being fully met is the limited access to community based facilities, the geographical location of the Hospital, the lack of a designated bus and staffing levels (needed to facilitate greater access to community based facilities). In addition to this, the absence of a full-time, designated medical officer poses some concern and the reviewers are of the view that the service's plans to employ such a staff member should proceed as a priority.

Standard 6: Complaints

The complaints of each resident, his/her family, friends, and/or representative, are listened to and acted upon and there is an effective appeals procedure.

Criteria

- 6.1 The residential care setting provides an environment that is conducive to residents, staff, family and visitors being able to raise issues and make suggestions and complaints.
- 6.2 In the first instance, issues of concern to the resident, his/her family and/or representative are addressed immediately at local level and without recourse to the formal complaints procedure, unless the complainant wishes otherwise.
- 6.3 The registered person-in-charge ensures that there is a clear complaints procedure in an accessible format that outlines;
 - how to make a complaint and to whom
 - the stages and timescales of the process
 - the process for providing feedback to the complainant
 - how the complainant can appeal a decision if they are unhappy with the outcome
 - how to refer a complaint to the Social Services Inspectorate and the Health Service Executive at any stage should the complainant wish to do so
- 6.4 The complaints procedure takes account of the requirements of legislation, relevant regulations and national guidelines.
- 6.5 A register of complaints is maintained that includes details of investigation and any action taken.
- 6.6 The registered person-in-charge ensures that complaints and comments are raised at team meetings for feedback and future learning. Measures required for improvement are put in place. Where it is requested, the confidentiality of the complainant is respected.

Standard Number 6 The complaints of each resident, his/her family, friends and/or representative are listened to and acted upon and there is an effective appeals procedure.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
6.1	Yes ✓ No	Policy clearly identifies this. Interviews with residents/family/staff confirm this.	Very good evidence that this standard criteria is fully met.
6.2	Yes ✓ No	Interviews with residents/family/staff confirm this.	Very good evidence that this standard criteria is fully met.
6.3	Yes ✓ No	Policy clearly identifies this.	Very good evidence that this standard criteria is fully met.
6.3.1	Yes ✓ No	Policy clearly identifies this.	
6.3.2	Yes ✓ No	Policy clearly identifies this.	
6.3.3	Yes ✓ No	Policy clearly identifies this.	
6.3.4	Yes ✓ No	Policy clearly identifies this.	
6.3.5	Yes ✓ No	Policy clearly identifies this.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
6.4	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this.	Very good evidence that this standard criteria is fully met.
6.5	Yes <input checked="" type="checkbox"/> No	Documentary evidence confirms this.	An excellent register is in place (commenced in 2007), which details the name and address of complainant, the nature of complaint, the status of the complaint, the action taken and the next steps to be taken.
6.6	Yes <input checked="" type="checkbox"/> No	Documentary evidence confirms this.	

Summary of Standard 6

As can be seen from the evidence detailed above, this standard has been fully met. This is evidenced by documentation, resident, family and staff interviews.

Standard 7: Contract/Statement of Terms and Conditions

Each resident has a written contract/ statement of terms and conditions with the registered provider of the residential care setting.

Criteria

7.1 Each resident is provided with a contract specifying the terms and conditions:

- at the point of the decision to reside in the residential care setting, or
- in the case of emergency admissions, within two months.

The resident and/or his/her representative is involved in discussing the contract and it is signed by both the resident and/or his/her representative and the registered provider. Where the resident or his/her representative is unable or chooses not to sign, this is recorded.

7.2 The contract includes (where applicable):

- The room to be occupied. Once a room is allocated (single or multiple-occupancy) the resident is not moved, unless for medical reasons or an identified assessed risk in the case of a resident with dementia/ cognitive impairment, without his/her consent or the agreement of his/ her representative. This also applies to residents who are absent from the residential care setting for acute hospital admission;
- The overall care and services covered by the fee, including additional health, personal and social care services to be paid for over and above those included in the fee;
- The fees payable and by whom (the resident, his/her representative, the Health Service Executive, or other);
- The rights, obligations and liability of the resident and/or his/her representative, where relevant, and the registered provider;
- The terms and conditions relating to the period of occupancy including the period of notice to leave;
- The circumstances under which the resident can be discharged or the contract terminated;
- A clear outline of the policy on absences by the resident from the residential care setting.

7.3 The contract is consistent with the resident's care plan.

Standard Number 7 Each resident has a written contract/statement of terms and conditions with the registered provider of the residential care setting.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
7.1	Yes No ✓	No evidence of this. Residents do not currently have contracts.	
7.1.1	Yes No ✓		
7.1.2	Yes No ✓		
7.2	Yes No ✓		
7.2.1	Yes No ✓		
7.2.2	Yes No ✓		
7.2.3	Yes No ✓		
7.2.4	Yes No ✓		
7.2.5	Yes No ✓		
7.2.6	Yes No ✓		

7.2.7	Yes No ✓		
7.3	Yes No ✓		

Summary of Standard 7

As can be seen from the evidence detailed above, St. Mary’s has not met the standard with regard to contract provision to residents. Clearly, the organisation must develop a standard contract, in consultation with the legal department of the Health Service Executive and put a contract in place for all residents.

Standard 8: Protection

Each resident is protected from all forms of abuse.

Criteria

8.1 There is a policy on the prevention, detection and management of abuse within the residential care setting. The policy outlines procedures for:

- prevention of abuse
- responding to suspicion, allegation or evidence of abuse or neglect
- reporting of concerns and/or allegations of abuse, including passing on concerns to the Health Service Executive and the Social Services Inspectorate, in accordance with national guidelines.

These procedures take account of the recommendations of relevant reports, best practice initiatives and guidelines.

8.2 The registered person-in-charge takes steps to ensure that the resident is safe from physical or sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, or discriminatory abuse, through deliberate intent, negligence or ignorance by others within the residential care setting. All allegations of any such incidents are fully and promptly investigated in accordance with the policies and procedures.

8.3 There is a policy and procedures on 'Whistle blowing' and protective disclosure. Staff are aware of who they report concerns to and can do so without fear of adverse consequences to themselves.

8.4 All staff receive induction and on-going training in:

- Prevention of abuse
- Protection from abuse
- Indicators of abuse
- Responding to suspected, alleged or actual abuse
- Reporting suspected, alleged or actual abuse
- Procedures for protecting vulnerable adults including those with cognitive impairment

Standard Number 8 Each resident is protected from all forms of abuse

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
8.1	Yes ✓ No	Health Service Executive (H.S.E.) Policy on Responding to Allegations of Elder Abuse is in place. Trust in Care document is in place.	The organisation while currently using the H.S.E. policy, is currently developing their own specific policy, which will reflect the key principles of the H.S.E. document. It is essential that this exercise is completed.
8.1.1	Yes ✓ No	Document addresses this.	
8.1.2	Yes ✓ No	Document addresses this.	
8.1.3	Yes ✓ No	Document addresses this.	
8.1.4	Yes ✓ No	Document reflects best practice.	
8.2	Yes ✓ No	Trust in Care induction has been provided to staff (documentary evidence of same) and is now part of the orientation programme. All staff are vetted by Gardai in advance. References are sought in advance. Policy and reporting systems are in place and appear to be currently adhered to.	

8.3	<p>Yes No</p> <p>Partially ✓</p>	<p>No policy in place regarding whistle blowing.</p> <p>The review team acknowledges that Trust in Care provides a basis for staff reporting incidents/concerns, however the organisation would benefit from a distinct local policy in this regard.</p>	
8.4	<p>Yes ✓ No</p>	<p>Records confirm this.</p>	<p>While it is evident that staff receive training at present in relation to abuse, it is crucial that this remains a priority training area within the organisation and that staff receive regular defined refresher training programme. Serious consideration should also be given to extending the duration of the training programme.</p>
8.4.1	<p>Yes ✓ No</p>	<p>Training programme confirms that all of these aspects (8.4.1 – 8/4/6) are addressed with staff.</p> <p>Staff have also received training in C.P.I (Crisis Prevention Institute) and this has a positive impact on this area, as does the Essence of Care training.</p> <p>The organisation is currently part of a national project, involving the development of an education D.V.D. in this area.</p>	
8.4.2	<p>Yes ✓ No</p>		
8.4.3	<p>Yes ✓ No</p>		
8.4.4	<p>Yes ✓ No</p>		
8.4.5	<p>Yes ✓ No</p>		
8.4.6	<p>Yes ✓ No</p>		

Summary of Standard 8

As can be seen from the evidence detailed above, this standard has been fully met, with the exception that there is no policy in place regarding whistle-blowing. The service is to be commended for meeting the vast majority of this standard. However, it is essential that this area continues to receive considerable priority in the organisation, particularly with regard to training and policy development and review. It is also vital that a policy on whistle-blowing is developed as a priority.

Standard 9: The Resident's Finances

Each resident's finances are safeguarded.

Criteria

- 9.1 The residential care setting has a clear policy and procedures on the management of residents' accounts and personal property.
- 9.2 Procedures are in place to protect the interests of the resident, including residents with advanced cognitive impairment.
- 9.3 Where any money belonging to the resident is handled by staff within the residential care setting that money is not pooled and signed records and receipts are kept. Where possible they are signed by the resident or his/her representative.
- 9.4 The registered person-in-charge is appointed by the resident as his/her agent only where no other person is available. In this case, the registered person-in-charge ensures that:
 - the Social Services Inspectorate is notified on inspection;
 - records are kept of all incoming and outgoing payments; and
 - the Department of Social and Family Affairs is given notice at the time of the appointment.
- 9.5 Secure facilities are provided for the safe-keeping of money and valuables on behalf of the resident.
- 9.6 The residential care setting keeps signed records and receipts of possessions handed over for safekeeping at admission and subsequent to admission, including withdrawals of possessions.

Standard Number 9 Each resident’s finances are safeguarded

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
9.1	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this.	
9.2	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this.	
9.3	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Documentary evidence to support this.	
9.4	Yes <input checked="" type="checkbox"/> No	A number of residents (approximately 80) have patient private property accounts. These are managed by Hospital Manager and the Local Services Management Unit of the H.S.E. The management of the accounts is subject to internal and external audit to protect and safeguard residents’ finances.	This is done by the Hospital Manager rather than the registered person in charge. There is a lack of clarity as to who the registered person in charge is at present.
9.4.1	Not Applicable		
9.4.2	Yes <input checked="" type="checkbox"/> No		
9.4.3	Yes <input checked="" type="checkbox"/> No		

9.5	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Observation would support this.	
9.6	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Documentary evidence to verify.	

Summary of Standard 9

As can be seen from the evidence detailed above, this standard has been fully met. The service is to be commended for this. There is, however, a need for clarification to be sought on who the registered person in charge of the Hospital is.

Standard 10: Assessment

Each resident has his/her needs assessed prior to moving into the residential care setting, a full assessment upon admission, and subsequently as required to reflect changes in need and circumstances during his/her period in residence.

Criteria

Pre-admission

- 10.1 All necessary information relating to the resident's health, personal and social care needs is obtained from the referrer prior to admission.
- 10.2 The resident is admitted to the residential care setting following a comprehensive assessment of his/her health, personal and social care needs, undertaken by appropriate professionals trained to do so. This includes any prospective resident making private arrangements for admission to the residential care setting. The assessment takes place with the involvement of the prospective resident.
- 10.3 In the case of emergency admissions, this information is obtained as soon as possible after admission.

On and subsequent to admission

- 10.4 A general risk assessment is carried out and recorded upon admission to the residential care setting and as indicated by the resident's changing needs or circumstances and no less frequently than at three-monthly intervals.
- 10.5 A comprehensive assessment of the resident's health, personal and social care needs, using a Minimum Data Set tool, is completed within seven days of his/her admission or sooner if the risk assessment indicates. This assessment is reviewed as indicated by the resident's changing needs or circumstances and no less frequently than at three-monthly intervals.

Standard Number 10 Each resident has his/her needs assessed prior to moving into the residential care setting, a full assessment upon admission, and subsequently as required to reflect changes in need and circumstances during his/her period in residence.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
10.1	Yes <input checked="" type="checkbox"/> No	Residents assessed by Liaison Nurse prior to admission. Assessment referral is also completed by Referring Hospital.	Very good evidence that this standard criteria is fully met.
10.2	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	The assessment may involve either the resident or their family depending on the capacity of the resident. This is an acceptable standard.
10.3	Yes <input checked="" type="checkbox"/> No	Documentary evidence and interviews with residents/families confirm this.	While in general emergency admissions do not occur, interviews with residents/families who were admitted in an emergency basis previously, verified that this criteria was met.

10.4	Yes ✓ No	Documentation confirms this.	Very good evidence that this standard criteria is fully met. Excellent practice and documentation in place in relation to risk assessment.
10.5	Yes ✓ No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 10

As can be seen from the evidence detailed above, this standard has been fully met. The service is to be commended for this.

Standard 11: The Resident's Care Plan

The arrangements to meet each resident's assessed needs are set out in an individual care plan, developed and agreed with each resident, or in the case of a resident with cognitive impairment with his/her representative.

Criteria

- 11.1 The resident's care plan is commenced within 48 hours of admission, or earlier if indicated by the general risk assessment, from the comprehensive assessment drawn up with the resident. (See Criterion 10.2)
- 11.2 The care plan reflects the assessment findings and sets out in detail the action to be taken by staff to ensure that all aspects of the health, personal and social care needs of the resident are met.
- 11.3 The care plan meets clinical guidelines produced by professional bodies concerned with the care of older people. It is updated regularly to reflect daily changing needs.
- 11.4 The care plan is discussed and drawn up with the involvement of the resident or his/her representative. If the resident is unable or unwilling to participate, this is documented.
- 11.5 The care plan is formally evaluated by staff in consultation with the resident and/or his/her representative. It is updated as indicated by the resident's changing needs and circumstances and current objectives for health, personal and social care and no less frequently than at three-monthly intervals.
- 11.6 A copy of the care plan is made available to the resident or his/her representative as requested.

Standard Number 11 The arrangements to meet each resident’s assessed needs are set out in an individual care plan, developed and agreed with each resident, or in the case of a resident with cognitive impairment, with his/her representative.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
11.1	Yes ✓ No	Policy clearly identifies this. Documentation confirms this.	Very good evidence that this standard criteria is fully met.
11.2	Yes ✓ No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
11.3	Yes ✓ No	Documentation this. Evidenced based practice throughout. Involvement of practice development co-ordinator is of tremendous benefit and the standard is very high.	Very good evidence that this standard criteria is fully met.
11.4	Yes ✓ No	Resident/family interviews confirm that they are involved in the drawing up of the care plan and in regular review and update of same.	Very good evidence that this standard criteria is fully met.
11.5	Yes ✓ No	Resident/family interviews. Documentation confirms this.	Very good evidence that this standard criteria is fully met.

11.6	Yes ✓ No	Confirmed Resident/family interviews. In some wards care plan is at the end of resident's bed.	Very good evidence that this standard criteria is fully met.
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Summary of Standard 11

As can be seen from the evidence detailed above, this standard has been fully met. The reviewer's have rarely seen such comprehensive care plans and the service, staff, management and the practice development co-ordinator should be commended for this excellent standard of practice.

Standard 12: Health Promotion

Each resident benefits from policies and practices that promote his/her health, rehabilitation and well-being.

Criteria

- 12.1 The residential care setting has a health promotion policy.
- 12.2 The residential care setting provides opportunities for the resident to pursue healthy lifestyle choices and recreational activities.
- 12.3 The resident's general physical and mental health is promoted through the provision of appropriate therapeutic interventions and social contact.
- 12.4 Opportunities are provided for indoor and outdoor exercise and physical activity, personal development, communication and other psychosocial development.

Standard Number 12 Each resident benefits from policies and practices that promote his/her health, rehabilitation and well-being.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
12.1	Yes No ✓		There isn't a specific health promotion policy, however there are a number of health promotion initiatives and the service is in the process of devising a policy.
12.2	Yes ✓ No	Resident/family interviews, documentary evidence and observation confirm this.	The physical environment has a negative impact on this area and restricts opportunities for choice for people. For example a coffee shop would be advantageous for all residents, as would access to gardens and other areas for residents on Rhiannon Ward.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
12.3	Yes No Partially ✓	Resident/family interview. Observation. Documentary evidence.	<p>While the service is striving to meet this standard, it is not equitably provided at present; mainly due to environmental restrictions, resource restrictions and variations with the level of family support that residents have available.</p> <p>Therapeutic interventions and social contacts need to be equitably available to all residents (at present people with less mobility and challenges in cognitive function can have less opportunity).</p>

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
12.4	Yes No Partially ✓	Resident/family interviews. Documentary evidence. Observation.	There are considerable opportunities; particularly for people who have easier access to the external environment. However, opportunities are not as plentiful for those who are residing in Cedar, Phoenix and Rhiannon (due to the environment) and this must be addressed as a priority in service/strategic planning.

Summary of Standard 12

As can be seen from the evidence detailed above, this standard has not been fully met. It is important to acknowledge that tremendous work has been put into the area of health promotion, particularly through the activity department, the occupational therapy department, through practice development and by staff in some of the areas. However, the current environment (and in particular the upper floors) significantly restricts the capacity for equitable health promotion.

Standard 13: Health Care

Each resident's assessed health needs are reviewed and met on an ongoing basis.

Criteria

- 13.1 Policies and procedures based on current best practice are developed, implemented and reviewed annually. A non-exhaustive list of areas covered include:
- cognitive impairment,
 - activities of daily living (ADL) function,
 - rehabilitation,
 - communication (including regular checks on hearing and vision),
 - swallowing,
 - nutritional status (including management of feeding tubes),
 - dehydration/ fluid maintenance,
 - skin care (including pressure sore prevention and wound management),
 - behavioral symptoms,
 - falls,
 - infection control (including use of influenza and pneumococcal vaccines) and prevention (particularly MRSA and other serious hospital-acquired infections)
 - continence promotion (including management of indwelling catheters),
 - dental care,
 - pain management,
 - mood disorders,
 - psychotropic drug use, and
 - physical restraint use.
- 13.2 The resident is referred to health care services including primary care, secondary care, specialist services, allied health professionals, and has access to aids and appliances to meet his/her assessed needs, irrespective of geographical location or place of residence. A record is maintained of all referrals.
- 13.3 Where medical care is not provided by the residential care setting team, the resident receives a high standard of service from the general practitioner with whom he/she is registered (or a suitably qualified appointed deputy) including regular and timely consultations and an out-of-hours service that is responsive to his/her needs.

Standard Number 13 Each resident’s assessed health needs are reviewed and met on an ongoing basis.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
13.1	Yes ✓ No		Overall, the approach to policy, procedure and guideline development is excellent. A committee oversees the development of documents. Good governance is in place with regard to development, sign off and implementation.
13.1.1	Yes ✓ No	Documentation and observation confirm this.	Documents have been authorised formally and are subject to defined regular review. Staff are inducted to documents in a sound systematic manner.
13.1.2	Yes ✓ No	Documentation and observation confirm this.	Care plans also support the attainment of this standard.
13.1.3	Yes No ✓	No specific policy on rehabilitation, however the concept is promoted to some extent in other documents and is evidenced in practice.	
13.1.4	Yes ✓ No	Documentation and interview confirm this.	
13.1.5	Yes ✓ No	Excellent work completed by Speech and Language Therapist.	
13.1.6	Yes ✓ No	Documentation/care planning.	
13.1.7	Yes ✓ No	Documentation.	
13.1.8	Yes ✓ No	Tissue Viability C.N.S. has completed excellent documentation.	
13.1.9	Yes ✓ No	Documentation confirms this.	

13.1.10	Yes ✓	No	Falls Prevention Committee, falls risk assessment and falls reduction care plan in place. Falls audits carried out on regular basis.	
13.1.11	Yes ✓	No	Documentation confirms this.	
13.1.12	Yes ✓	No	Documentation confirms this.	
13.1.13	Yes ✓	No	Clinic in hospital and documentation confirm this.	
13.1.14	Yes ✓	No	Documentation confirms this.	
13.1.15	Yes	No ✓	Not present.	
13.1.16	Yes ✓	No	Documentation confirms this. An excellent audit has also been conducted by the Clinical Director into psychotropic drug use which is reflective of best practice.	
13.1.17	Yes ✓	No	Documentation reflects excellent practice in this area. Audits are also regularly conducted.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
13.2	Yes ✓ No	Documentary evidence to support this.	
13.3	Yes No Not Applicable ✓	Medical care is provided in the hospital.	

Summary of Standard 13

As can be seen from the evidence detailed above, this standard has been fully met.

Standard 14: Medication Management

Each resident is protected by the residential care setting's policies and procedures for medication management and, where appropriate, is responsible for his/her own medication.

Criteria

- 14.1 Medicines in the custody of the registered provider are handled according to the requirements of the Irish Medicines Board Miscellaneous Provisions Act 2006, Medicinal Products (Prescription and Control of Supply) Regulations 2003, (S.I. 540 of 2003) and the Misuse of Drugs Acts, 1977 and 1984 which authorise the nurse to possess and supply medicinal products. Nursing staff abide by *The Code of Professional Conduct for each Nurse and Midwife* (An Bord Altranais, 2000) and are familiar with the *Guidance to Nurses and Midwives on Medication Management* (An Bord Altranais, 2003) and any subsequent revisions to the above and any other subsequent relevant legislation or guidance.
- 14.2 The registered person-in-charge ensures that there is a medication management policy and procedures that accord with legislation and professional regulatory requirements or guidance. The medication management policy includes procedures on the management and administration of:
- Medications via Percutaneous Endoscopically-Guided Gastrostomy (P.E.G.) tube
 - Medications for Respite Clients/ Emergency admissions/Re-admissions
 - Subcutaneous & Intravenous Drugs
 - Eye drops, Eardrops, Suppositories, Pessaries, Inhalers, Nebulisers and PRN (as required) Medications
- (This list is not intended to be exhaustive)
- 14.3 Staff adhere to procedures for the safe administration of medication, for the prescription, supply, receipt, self-administration, recording, storage, handling, and disposal of medicines that accord with legislation and professional regulatory requirements or guidance.
- 14.4 All medication errors, suspected adverse reactions and incidents are recorded, reported and analysed within an open culture of reporting. Learning is fed back to improve patient safety and prevent reoccurrence.
- 14.5 Records are kept to account for all medicines. This includes all medicines received, administered to residents, given to residents on leaving the residential care setting and returned to the pharmacy. A medicines administration chart is maintained for each resident.

- 14.6 All medicines, including scheduled controlled drugs (except those for self-medication) are administered by a registered nurse.
- 14.7 The receipt, administration, management and disposal of controlled drugs are recorded in accordance with An Bord Altranais guidelines.
- 14.8 Scheduled controlled drugs (including those for self-medication) are secured in a manner that meets legislative requirements as set out by the Misuse of Drugs Regulations, 1988 and 1993.
- 14.9 The resident may self-administer medications, where the risks have been assessed and his/her competence to self-administer is confirmed. Any change to the initial risk assessment is recorded and arrangements for self-administering medicines are kept under review.
- 14.10 Staff actively promote the resident's understanding of his/her health needs and medication.
- 14.11 There are mechanisms to ensure that the use of non-prescribed medicinal products by the resident are brought to the attention of the medical officer and/or general practitioner and noted where appropriate.
- 14.12 In the case of a post mortem following the death of a resident, all medication (including non-prescription items) is retained until the results of the post-mortem are known.

Standard Number 14 Each resident is protected by the residential care setting’s policies and procedures for medication management and, where appropriate, is responsible for his or her own medication.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
14.1	Yes √ No	Policy and observation clearly confirm this.	
14.2	Yes √ No	Policy and observation clearly confirm this.	An excellent document is in place. It is due for review in 2008 and this should be conducted as early as possible in 2008. A specific section should be included on near misses. The respite section would also benefit from expansion.
14.2.1	Yes √		
14.2.2	Yes √		
14.2.3	Yes √		
14.2.4	Yes √		
14.3	Yes √ No	Documentation and observation confirmed this.	
14.4	Yes √ No	Documentation confirms this. Policy clearly identifies this.	
14.5	Yes √ No	Documentation confirms this. Policy clearly identifies this.	

14.6	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Documentation confirms this.	
14.7	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Documentation confirms this.	
14.8	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Observation confirms this.	
14.9	Yes <input type="checkbox"/> No Not Applicable <input checked="" type="checkbox"/>		
14.10	Yes <input checked="" type="checkbox"/> No	Resident interviews confirm this.	
14.11	Yes <input checked="" type="checkbox"/> No	Interviews confirm this.	
14.12	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Medication is returned to the pharmacy automatically.	The policy review needs to incorporate this standard criteria and practice needs to change to reflect the policy.

Summary of Standard 14

As can be seen from the evidence detailed above, St. Mary's has met the vast majority of this standard (it has met 10 of the applicable 11 criteria fully). One criteria (14.12) needs to be addressed for the standard to be fully met.

Standard 15: Medication Monitoring and Review

Each resident benefits from his/her medication to increase the quality or duration of his/her life. He/she does not suffer unnecessarily from illness caused by the excessive, inappropriate or inadequate consumption of medicines.

Criteria

- 15.1 Staff have access to comprehensive, up-to-date information on all aspects of medication management. The residential care setting has policies and procedures in place relating to working arrangements with the pharmacist. Evidence of continuing education is documented and registered nurses attend the relevant updates on medicines management at least annually.
- 15.2 The condition of the resident on medication is monitored and subject to review at three-monthly intervals or more frequently where there is a significant change in the resident's care or condition. All prescribed medication is clearly documented by the doctor in his/her notes, including any changes to the resident's prescribed medication. (See Standard 10: Assessment)
- 15.3 There are direct communication links between the general hospital and the residential care setting/physician, where any resident who is an in-patient has his/her medication altered.
- 15.4 Suspected adverse reactions observed or notified in association with medicines are documented and discussed with the medical officer or general practitioner, to facilitate consideration of the need for any treatment alterations. Suspected adverse reactions are reported to the Irish Medicines Board (IMB), as appropriate.
- 15.5 Each resident on long-term medication is reviewed by his/her medical practitioner on a regular basis, in conjunction with nursing staff and, where available, the pharmacist. Special consideration is given to the use of:
 - antipsychotic medication
 - sleeping tablets and other sedating medication
 - anticonvulsant medication
 - medication for the management of depression
 - analgesic medications (pain management)
 - medication for the management of constipation
 - antiplatelet and anticoagulant medication (prevention of stroke)
 - influenza and pneumococcal vaccines
 - non-steroidal anti-inflammatory drugs

Standard Number 15 Each resident benefits from his/her medication to increase the quality or duration of his/her life. He/she does not suffer unnecessarily from illness caused by the excessive, inappropriate or inadequate consumption of medicines.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
15.1	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Documentation to support continuing education. Interviews with staff verify assessment of administration of medication.	Very good evidence that this standard criteria is fully met.
15.2	Yes <input checked="" type="checkbox"/> No	Documentary evidence to support this. Audit of medication usage also take place and this is indicative of good practice.	Very good evidence that this standard criteria is fully met.
15.3	Yes <input checked="" type="checkbox"/> No	Documentary evidence to support this.	
15.4	Yes <input checked="" type="checkbox"/> No	Documentary evidence to support this.	
15.5	Yes <input checked="" type="checkbox"/> No	Documentary evidence to support this.	
15.5.1	Yes <input checked="" type="checkbox"/> No	Documentary evidence to support this.	Excellent practice in place with regard to this.
15.5.2	Yes <input checked="" type="checkbox"/> No	Documentary evidence to support this.	

15.5.3	Yes ✓ No	Documentary evidence to support this.	
15.5.4	Yes ✓ No	Documentary evidence to support this.	
15.5.5	Yes ✓ No	Documentary evidence to support this.	
15.5.6	Yes ✓ No	Documentary evidence to support this.	
15.5.7	Yes ✓ No	Documentary evidence to support this.	
15.5.8	Yes ✓ No	Documentary evidence to support this.	
15.5.9	Yes ✓ No	Documentary evidence to support this.	

Summary of Standard 15

As can be seen from the evidence detailed above, this standard has been fully met and the staff and management should be commended for this good practice.

Standard 16: End of Life Care

Each resident continues to receive 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.

Criteria

- 16.1 The resident's palliative care needs are assessed, documented and regularly reviewed. The information derived from these assessments is explained to, and options discussed at regular intervals with the resident, his/her family or representative, in accordance with the resident's wishes.
- 16.2 The resident's wishes and choices regarding end of life care are discussed and documented, and, in as far as possible, implemented and reviewed regularly with the resident. This includes his/her preferred religious, spiritual and cultural practices and the extent to which his/her family are involved in the decision-making process. Where the resident can no longer make decisions on such matters, due to an absence of capacity, his/her representative is consulted. (See Standard 3: Consent)
- 16.3 In accordance with the resident's assessed needs, referrals are made to specialist palliative care services so that an integrated multi-disciplinary approach to end of life care is provided.
- 16.4 Staff are provided with training and guidance in end of life care as accredited by the specialist palliative care team.
- 16.5 Every effort is made to ensure that the resident's choice as to the place of death, including the option of a single room or returning home, is identified and respected.
- 16.6 The resident's family and friends are facilitated to be with the resident when he/she is very ill or dying and overnight facilities are available for their use. Upon the death of the resident, time and privacy are allowed for his/her family, friends and carers. An atmosphere of peace and calm is maintained at all times.
- 16.7 There is a procedure for staff to follow after the death of a resident in relation to the verification and certification of death.
- 16.8 The deceased resident's body is treated with respect and dignity in accordance with his/ her wishes, if stated, or in accordance with the wishes of his/her family or representative, and in accordance with the resident's cultural and religious beliefs and best practice.
- 16.9 Upon the death of a resident, his/her family or representatives are offered practical written information on what to do following the death and on understanding loss and bereavement. This includes information on how to access bereavement care services and how to register the death.

- 16.10 Following the death of a resident, support is provided to other residents and staff. Where residents would like to have a remembrance event, this is facilitated.
- 16.11 Procedures are in place for the return of the resident's personal possessions to his/her next of kin in a timely and respectful fashion following his/her death. The return of personal effects is formally documented and signed.
- 16.12 Following the death of a resident, notification of the date, time and certified cause of death is communicated to the local Coroner's Office, as stipulated by that Office and subject to amendment. Notice is also sent to the Health Service Executive as stipulated in Health Service Executive guidelines.

Standard Number 16 Each resident continues to receive care at the end of his/her life, which meets his/her physical, emotional, social and spiritual needs and respects hi/her dignity and autonomy.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
16.1	Yes √ No	Policy, documentation and interviews clearly confirm this.	
16.2	Yes √ No	Resuscitation Policy detailing the care streams approach addresses this.	
16.3	Yes √ No	Documentation confirms this.	
16.4	Yes No √		A considerable amount of education is being provided in this area, but it is not accredited by the specialist palliative care team at present.
16.5	Yes No √	Physical structure prohibits sufficient single room availability.	The current environment prevents this criteria being met.
16.6	Yes No Partially √	No overnight facilities available.	The current environment prevents this criteria being met.
16.7	Yes √ No	Policy clearly identifies this.	

16.8	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirm this.	
16.9	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this. Hospice Friendly Committee in place. Bereavement Support Information is displayed throughout.	Excellent practice in place with regard to this.
16.10	Yes <input checked="" type="checkbox"/> No	Resident/family/staff interviews confirm this. Bereavement commemorations are evident and further positive initiatives are planned.	
16.11	Yes <input checked="" type="checkbox"/> No	Policy clearly identifies this and documentation confirms this.	Further positive initiatives such as handover bags for families are planned in association with the “Hospice Friendly Hospital’s” initiative.
16.12	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirm this.	

Summary of Standard 16

As can be seen from the evidence detailed above, St. Mary's has met the vast majority of this standard (it has met 9 of the 12 criteria fully and 1 criteria partially) as evidenced by the residents, family members and documentation and the service should be commended for this. However, there are environmental restrictions that require addressing. These restrictions also impact on other standards, most notably the standard on privacy and dignity. The restriction is that there is insufficient availability of single rooms in the current structure and patients subsequently die on a ward, in a non-private environment. This situation needs to be addressed as a priority in service planning.

In addition to this the mortuary is too small for the number of people requiring it. The mortuary consists of one adequately sized room to accommodate one person's remains. The room adjacent is fitted with three screen bays, which are too small and which do not allow for dignity or privacy for the deceased or their family. There may be more than one person's remains present at a given time. This situation will be further exacerbated with the expansion of the service and needs to be addressed as a priority in service planning.

Standard 17: Autonomy and Independence

Each resident can exercise choice and control over his/her life and is encouraged and enabled to maximise independence in accordance with his/her wishes.

Criteria

- 17.1 Care practices reflect a person-centred approach to care. They encourage individuality and self-sufficiency, and promote the resident as an equal partner in his/her own care.
- 17.2 There is a policy that promotes, maintains and maximises independence.
- 17.3 The registered person-in-charge manages the residential care setting in a manner that maximises the resident's capacity to exercise personal autonomy and choice. Where the resident's choice is restricted, the reason for this is explained and documented and appropriate support is provided. (See Standard 3: Consent)
- 17.4 There are clear communication and information processes in place to facilitate the resident exercising choice.
- 17.5 The resident is given a choice to participate in individual and/or communal recreational activities.
- 17.6 The resident's individual choices relating to his/her preferred term of address are respected. (See Standard 4: Privacy and Dignity)
- 17.7 There are support systems in place that enable and protect the autonomy of each resident. Staff engagement with residents actively promotes opportunities for self-expression.
- 17.8 The resident handles his/her own financial affairs for as long as he/she wishes and has the capacity to do so. (See Standard 9: The Resident's Finances)
- 17.9 The resident is entitled to bring personal possessions with him/ her, the extent of which is agreed prior to admission.

Standard Number 17 Each resident can exercise choice and control over his/her life and is encouraged and enabled to maximise independence in accordance with her/his wishes.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
17.1	Yes No Partially ✓	Striving to be person centred but much work to be done. The model is a very good model of care provision rather than a truly person centred model. The physical environment is a major barrier in terms of structure, design and (lack of) access to a stimulating, personal environment. A further major barrier is staff continuity (over dependency on agency staff). In addition to this there is limited, insufficient access to a multi-disciplinary team.	
17.2	Yes ✓ No	Advocacy Policy.	Very good evidence that this standard criteria is fully met.
17.3	Yes No ✓	Physical structure prohibits this.	The current environment prevents this criteria being met.
17.4	Yes ✓ No	Resident/ family/staff interviews and documentation confirm this.	Very good evidence that this standard criteria is fully met.

17.5	Yes ✓	No	Resident/family interviews confirm this, for those capable of exercising choice.	Very good evidence that this standard criteria is fully met.
17.6	Yes ✓	No	Resident/family interviews confirm this.	Very good evidence that this standard criteria is fully met.
17.7	Yes ✓	No	Resident/family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.
17.8	Yes ✓	No	Most residents have assigned this to family member. A number of residents' accounts are managed by the organisation.	
17.9	Yes Partially ✓	No	Resident/ family interview confirm this. Some residents have brought small items (photographs) but physical environment in terms of space constraints and the layouts of the environment could not accommodate much.	The current environment prevents this criteria being fully met.

Summary of Standard 17

As can be seen from the evidence detailed above, St. Mary's has met the majority of this standard (it has met 6 of the 9 criteria fully and 2 criteria partially) and the service should be commended for this. The physical environment impacts and prevents the standard being fully met and considerable changes need to be made to the environment for this to happen.

Standard 18: Routines and Expectations

Each resident has a lifestyle in the residential care setting that is consistent with his/her previous routines, expectations and preferences, and satisfies his/her social, cultural, language, religious, and recreational interests and needs.

Criteria

- 18.1 The routines of daily life and activities are flexible and vary to suit the resident's expectations, preferences, previous interests, and capacities as outlined in his/her care plan. They are reviewed at three-monthly intervals in consultation with the resident as part of his/her care plan review. (See Standard 11: The Resident's Care Plan)
- 18.2 The resident is given opportunities for participation in meaningful and purposeful activity, occupation or leisure activities, both inside and outside the residential care setting, that suit his/her needs, preferences and capacities. Particular consideration is given to residents with dementia and other cognitive impairments, residents with visual, hearing or dual sensory impairments, residents with communication difficulties and residents with physical or learning disabilities.
- 18.3 The resident is enabled to live in a manner akin to his/her own home and the daily routines of the residential care setting, including meal times, are not solely dictated by staffing rotas.
- 18.4 The resident's social, religious and cultural beliefs and values are respected and accommodated within the routines of daily life.
- 18.5 The registered person-in-charge ensures that staff can communicate effectively with residents and that the residential care setting is conducive to staff interaction and engagement with residents.
- 18.6 Up-to-date information on activities is circulated to each resident or his/her representative, in formats suited to his/her capacities.

Standard Number 18 Each resident has a lifestyle in the residential care setting that is consistent with his/her previous routines, expectations and preferences, and satisfies his/her social, cultural, language, religious, and recreational interests and needs.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
18.1	Yes No ✓	Interviews identified that routine needs to be more flexible and adaptable to resident's individual needs and preferences.	Routine is the same daily.
18.2	Yes No Partially ✓	Observation and interviews verified that this is not equitable presently. There are considerable opportunities for people who have the physical and mental capacity to travel for activities/occupation, but for others it is limited. Environmental limitations also impact on this.	
18.3	Yes No ✓	Medical model of care in evidence predominantly with designated routines. Environment significantly restricts "home like" living, particularly in Rhiannon, Phoenix and Deer Park Lodge.	
18.4	Yes ✓ No	Resident/family interviews confirm this.	Very good evidence that this standard criteria is fully met.

18.5	Yes ✓	No	Induction training and on-going professional development on care of the elderly for all staff as evidenced by staff interviews and documentation.	Very good evidence that this standard criteria is fully met.
18.6	Yes ✓	No	Activity notice board in each unit outlining weekly programme and up coming events.	Very good evidence that this standard criteria is fully met.

Summary of Standard 18

As can be seen from the evidence detailed above, St. Mary's has met a number of the criteria in this standard (it has met 3 of the applicable 6 criteria fully and 1 partially). However, the model of care currently being offered to the residents needs to be reviewed and amended in accordance with this standard. The environmental restrictions also need to be addressed if the standard is to be fully met.

Standard 19: Meals and Mealtimes

Each resident receives a nutritious and varied diet in pleasant surroundings at times convenient to him/her.

Criteria

- 19.1 The resident is provided with a nutritious and varied diet, which meets his/her individual and dietary needs and preferences.
- 19.2 The menu offers the resident a choice of meal at each mealtime. A choice is also available to residents on specific diets.
- 19.3 The resident is offered three full meals each day at conventional family meal times. Hot and cold drinks and nutritious snacks are available at all times and offered regularly. Fresh drinking water is available at all times.
- 19.4 Food, including liquefied meals, is presented in a manner which is attractive and appealing in terms of texture, flavour, and appearance, in order to maintain appetite and nutrition.
- 19.5 Special therapeutic diets are provided when advised by health care and dietetic staff.
- 19.6 The resident's religious or cultural dietary needs are catered for as agreed on admission and menus provide for special occasions.
- 19.7 The daily menu is displayed in a suitable format and in an appropriate location so that the resident or his/her representative knows what is available at each mealtime.
- 19.8 Independent dining is encouraged. There is a sufficient number of staff present when meals are served to offer assistance when necessary. Assistance is offered discreetly, sensitively and individually.
- 19.9 Meals are unhurried social occasions and, where possible, staff are encouraged to participate in and view mealtimes as an opportunity to communicate, engage, and interact with the residents.
- 19.10 Opportunities are provided for the resident's family and friends to dine with him/ her on special occasions.
- 19.11 The resident's family and friends are facilitated to assist him/ her at mealtimes with due regard to the privacy of other residents.
- 19.12 Staff receive training in and are compliant with safe food handling.

Standard Number 19 Each resident receives a nutritious and varied diet in pleasant surroundings at times convenient to him/her.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
19.1	Yes <input checked="" type="checkbox"/> No	Resident/family interviews, documentation and observation confirm this.	Very good evidence that this standard criteria is fully met.
19.2	Yes <input checked="" type="checkbox"/> No	Resident/family interviews, observation and documentation confirm this.	Very good evidence that this standard criteria is fully met.
19.3	Yes <input checked="" type="checkbox"/> No	Resident/family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.
19.4	Yes <input checked="" type="checkbox"/> No	Resident/family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
19.5	Yes ✓ No	Resident/family/staff interview and documentation confirm this.	Very good evidence that this standard criteria is fully met.
19.6	Yes No Partially ✓	No evidence of menus but families have verified that special occasions (such as wedding anniversaries) have been celebrated on the unit and provision has been made for this.	
19.7	Yes No ✓		Daily menus need to be displayed.
19.8	Yes ✓ No	Resident/ family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.
19.9	Yes ✓ No	Observation confirmed this.	Very good evidence that this standard criteria is fully met.
19.10	Yes ✓ No	Families have verified arrangements have been made with the provision of a room for family occasion (e.g. wedding anniversaries).	Very good evidence that despite the unsuitable physical environment and space constraints every effort is made to

			facilitate the celebration of a special occasion.
Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
19.11	Yes √ No	Resident/family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.
19.12	Yes √ No	HACCP Training provided.	Very good evidence that this standard criteria is fully met.

Summary of Standard 19

As can be seen from the above, the vast majority of the standard has been met by St Mary's, with 10 of the criteria being fully met and 1 partially. The service should be commended for this. There is a need for daily menus to be displayed however.

Standard 20: Social Contacts

Each resident maintains contact with his/her family, friends, representatives and the local community according to his/her wishes.

Criteria

- 20.1 The resident's links with family and friends are encouraged and facilitated.
- 20.2 Links with and involvement of local community groups and/or volunteers in the residential care setting are encouraged and maintained in accordance with residents' preferences and with appropriate protective measures.
- 20.3 The resident can receive visitors in private. The resident chooses who he/she sees and does not see and his/her wishes are respected and recorded.
- 20.4 The registered person-in-charge ensures that there are no restrictions on visits except when requested to do so by the resident or when the visit or the timing of the visit is deemed to pose a risk.
- 20.5 The resident has access to radio and television programmes, newspapers, information via computer (for email and internet access) and a notice board displaying information on local events.

Standard Number 20 Each resident maintains social contact with his/ her family, friends, representative and local community according to his/her wishes.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
20.1	Yes <input checked="" type="checkbox"/> No	Resident/family/staff interview confirm this.	Very good evidence that this standard criteria is fully met.
20.2	Yes <input checked="" type="checkbox"/> No	Resident/family interviews confirm this. Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is fully met.
20.3	Yes No <input checked="" type="checkbox"/>	Physical structure prohibits this.	Physical environment prevents this standard criteria being met.
20.4	Yes <input checked="" type="checkbox"/> No	Resident/family interviews confirm this.	Very good evidence that this standard criteria is fully met.
20.5	Yes <input checked="" type="checkbox"/> No	Resident/family interviews and observation confirm this.	

Summary of Standard 20

There is good evidence to support the fact that the vast majority of this standard is met (4 of the 5 standards being fully met) with 20.3 to be addressed as part of future planning. Again, as with some of the other standards assessed, the physical environment is a major factor in preventing the standard being fully met.

Standard 21: Responding to Behaviour that is Challenging

The needs of each resident with behaviour that is challenging, including behaviour that poses a high risk to him/herself or others, are managed and responded to effectively in an environment that promotes well-being and has the least restrictions.

Criteria

- 21.1 The residential care setting's procedures for managing and responding to behaviour that is challenging, promotes positive outcomes for the resident. They are based on staff knowing and understanding the resident's usual conduct, behaviour and means of communication, and having an awareness and ability to adapt the environment in response to behaviours that are challenging.
- 21.2 There is a policy that sets out the residential care setting's response to behaviour that is challenging. It provides guidance on understanding, investigating the cause(s) of, assessing and responding to behaviour that is challenging. It outlines interventions based on best practice evidence and interventions that are prohibited in the residential care setting.
- 21.3 Where a resident's behaviour presents a risk to him/herself or others, his/her care plan sets out a plan of care that meets his/her individual assessed needs. The plan is reviewed regularly to assess its effectiveness and reflect the resident's changing needs.
- 21.4 All staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging. There are arrangements in place to obtain advice, training and support from key professionals with the required expertise.
- 21.5 The registered person-in-charge ensures that all interventions in response to behaviour that is challenging are reviewed regularly and demonstrably inform learning and practice development. Reviews take place in a spirit of staff support.
- 21.6 Positive (non-restrictive and non-pharmacological) interventions are the preferred method of providing support to the resident experiencing behavioural disturbances.
- 21.7 A standardised assessment tool is used to assess behaviour that is challenging, with symptoms objectively documented and qualified. There is documented evidence that the symptoms are persistent, preventable causes have been ruled out, and the risks and benefits of the use of physical restraint or medication in relation to the level of distress or potential harm without such interventions have been evaluated.
- 21.8 Expert advice is sought where necessary on a behaviour management and activity plan before commencing psychotropic medication (anti-psychotic, atypical anti-psychotic, antidepressant or anxiolytic) or ongoing use of physical restraint.

- 21.18 Assessment must be documented prior to the initiation of physical restraint. At a minimum, assessment must identify and consider:
- The specific medical symptom to be treated by the use of physical restraint.
 - The steps taken to identify the underlying physical and/or psychological causes of the medical symptom.
 - The alternative measures that have been taken, for how long; how recently, and with what results.
 - The evidence that a physical restraint will benefit the symptom.
 - The risks involved in using the physical restraint.
 - The specific circumstances under which physical restraint is being considered.
 - The type of physical restraint; period of physical restraint; and location of physical restraint.
- 21.19 Where a resident's unanticipated behaviour places him/her or others in imminent danger, short-term, proportionate and non-dangerous physical restraint measures may be taken by staff without prior formal assessment. Precipitating factors and behaviours, and the actions taken are clearly recorded in a restraint register.
- 21.20 The resident is not restrained without his/her informed consent. The resident is informed of the potential negative outcomes and hazards of physical restraint use. Where the resident is judged to lack the capacity to consent, physical restraint is not used if he/she expresses a clear and consistent preference not to be restrained. The single exception is the physical restraint of the resident as an emergency measure when his/her unanticipated behaviour places him/ her in imminent danger of serious physical harm. In such circumstances the use of the physical restraint does not exceed beyond an immediate episode.
- 21.21 Except in rare, time-limited emergencies, or for brief provision of essential care, no physical restraint is used that causes the resident distress, discomfort, anger, agitation, pleas for release, calls for help or constant attempts to untie or release him/ herself.
- 21.22 Routine or 'as needed' or indefinite orders for physical restraint are not used.
- 21.23 Any use of physical restraint is for the shortest possible duration. Where physical restraint is used there is documented evidence that;
- in an emergency situation or during periods of extreme behaviour the resident is continuously observed,
 - the resident is checked regularly at intervals defined in his/her care plan, an opportunity for motion and exercise is provided for a period of not less than ten minutes during each two hour period in which the resident is awake.

Standard Number 21 The needs of each resident with behaviour that is challenging, including behaviour that poses a high risk to him/herself or others, are managed and responded to effectively in an environment that promotes well-being and has the least restrictions.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
21.1	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
21.2	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is fully met.
21.3	Yes <input checked="" type="checkbox"/> No	Challenging Behaviour Care Plan clearly identifies this.	Excellent practice in place with regard to this.
21.4	Yes <input checked="" type="checkbox"/> No	Staff interviews and documentation confirm this.	Very good evidence that this standard criteria is fully met.
21.5	Yes <input checked="" type="checkbox"/> No	Documentation confirms this. Next policy review date is 2009.	Excellent practice in place with regard to this.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
21.6	Yes <input checked="" type="checkbox"/> No	Documentation and observation confirm this.	Very good evidence that this standard criteria is fully met.
21.7	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
21.8	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
21.9	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
21.10	Yes <input checked="" type="checkbox"/> No	Documentary evidence of this.	Very good evidence that this standard criteria is fully met.
21.11	Yes <input checked="" type="checkbox"/> No	Documentary evidence of this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
21.12	Yes <input checked="" type="checkbox"/> No	Documentary evidence of this.	Very good evidence that this standard criteria is fully met.
21.13	Yes <input checked="" type="checkbox"/> No	Documentary evidence of this.	Very good evidence that this standard criteria is fully met.
21.14	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is fully met.
21.15	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is fully met.
21.16	Yes <input checked="" type="checkbox"/> No	Policy, documentation and observation clearly confirm this.	Very good evidence that this standard criteria is fully met.
21.17	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is fully met.
21.17.1	Yes <input checked="" type="checkbox"/> No	Policy and documentation clearly confirms this.	

21.17.2	Yes ✓ No	Policy and documentation clearly confirms this.	
21.17.3	Yes ✓ No	Policy and documentation clearly confirms this.	
21.18	Yes No Partially ✓		An excellent Restraint Care Plan in use, which meets most of the criteria.
21.18.1	Yes ✓ No	Where applicable.	
21.18.2	Yes ✓ No	Documentation and assessment tool confirm this.	
21.18.3	Yes ✓ No	Documentation and assessment tool confirm this.	
21.18.4	Yes ✓ No	Documentation confirms this. Care Plan.	
21.18.5	Yes No ✓	Not specified on Restraint Care Plan.	This needs to be specified.
21.18.6	Yes ✓ No	Documentation confirms this.	
21.18.7	Yes ✓ No	Documentation confirms this criteria is met.	
21.19	Yes ✓ No	Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is fully met.
21.20	Yes ✓ No	Policy and documentation clearly confirm this.	Very good evidence that this standard criteria is

				fully met.
21.21	Yes ✓ No	Policy and documentation clearly confirm this.		Very good evidence that this standard criteria is fully met.
21.22	Yes ✓ No	Policy and documentation clearly confirm this.		Very good evidence that this standard criteria is fully met.
21.23	Yes ✓ No	Policy and documentation clearly confirm this.		Very good evidence that this standard criteria is fully met.
21.23.1	Yes ✓ No	Policy and documentation clearly confirm this.		
21.23.2	Yes ✓ No	Policy and documentation clearly confirm this.		

Summary of Standard 21

The vast majority of this standard has been met (22 criteria fully met and 1 criteria almost fully met) and St. Mary's should be commended for this. An excellent care plan is in place, which meets most of the standard and with a small adjustment to the assessment care plan the standard will be met in full.

Standard 22: Recruitment

Staff are recruited in accordance with best human resource management practices.

Criteria

- 22.1 Recruitment policies and procedures are based on current legislation and best practice. Human resource policies and procedures are up-to-date and cover, as a minimum, sickness/absence, disciplinary, grievance, and performance development review.
- 22.2 All new staff are only confirmed in post following;
- satisfactory Garda vetting,
 - the receipt of two references (including a reference from the last place of employment),
 - confirmation of identity,
 - confirmation of registration/validation of status, where applicable,
 - verification of all qualifications (for nurses this includes verification of registration on the active register of An Bord Altranais), and
 - exploration of gaps in employment.
- 22.3 There is a comprehensive contract between the registered provider and any registered/ licensed staffing agency used that sets out the agency's responsibilities in relation to the:
- vetting of staff including Garda vetting and references
 - confirmation of registration/validation of status (where applicable)
 - confirmation of identity
 - professional indemnity
 - arrangements for responding to concerns/complaints
- 22.4 All staff have written job descriptions and a written copy of their terms and conditions of employment prior to commencing post.
- 22.5 The registered person-in-charge is satisfied that all new staff are competent to communicate effectively with residents in particular in relation to speaking, listening, reading and writing.
- 22.6 The recruitment and selection process for any volunteer involved in the residential care setting is thorough and references and Garda vetting are sought. Volunteers' and trainees' roles and responsibilities are set out in a written agreement between the residential care setting and the individual. They receive supervision and support appropriate to their role.

Standard Number 22 Staff are recruited in accordance with best human resource management practices.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
22.1	Yes ✓ No	Documents provided verify that this standard criteria is met fully.	Very good evidence that this standard criteria is fully met.
22.2	Yes ✓ No	Documents provided verify that this standard criteria is met fully (Policy documents and selection of a number of staff files).	Very good evidence that this standard criteria is fully met.
22.2.1	Yes ✓ No		
22.2.2	Yes ✓ No		
22.2.3	Yes ✓ No		
22.2.4	Yes ✓ No		
22.2.5	Yes ✓ No		
22.2.6	Yes ✓ No		

22.3	Yes	No ✓	While there are letters of understanding in place with staffing agencies, there are no formal contracts in place addressing these standard sub-criteria.	The organisation must develop a standard contract to be used for staffing agencies, with regard to the recruitment and vetting of agency staff.
22.3.1	Yes	No ✓		
22.3.2	Yes	No ✓		
22.3.3	Yes	No ✓		
22.3.4	Yes	No ✓		
22.3.5	Yes	No ✓		
22.4	Yes	No	Job descriptions were provided with regard to the vast majority of staffing grades. However, the Hospital Manager does not have a job description and requires one that reflects his role and responsibilities.	
	Partially ✓			
22.5	Yes ✓	No	Interview confirmed this.	
22.6	Yes	No	Draft Policy has been completed.	Policy should include a sentence stating that Garda clearance should be sought.
	Partially ✓		Volunteers receive supervision and support appropriate to their role.	

		<p>Written agreement is signed at induction (in accordance with new policy).</p> <p>No evidence that Garda vetting is sought and policy does not insist that this is sought.</p>	<p>Garda clearance should be sought for all volunteers in accordance with this criterion.</p>
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Summary of Standard 22 As can be seen from the above, the vast majority of this standard has been met (3 criteria fully met, 2 criteria partially met and 1 criteria not met). There are, however, areas that need to be addressed, and some of these require input from the H.S.E. centrally.

Standard 23: Staffing Levels and Qualifications

There are appropriately skilled and qualified staff, sufficient to ensure that services are delivered in accordance with these standards and the needs of the residents.

Criteria

23.1 There are sufficient staff employed in the residential care setting to ensure continuity of care for the residents. Agency staff and overtime are only used for unforeseen contingencies such as unexpectedly high levels of sick leave.

23.2 A contemporaneous and accurate file is kept of the;

- full name,
- date of birth,
- references,
- Garda vetting (updated every 3 years),
- qualifications,
- record of previous employment, and
- training undertaken and completed

for staff, trainees, students and volunteers. A record is maintained of the registration status of the nurses and other relevant health and social care professionals employed in the residential care setting.

23.3 At any point in time, the number and skill mix of staff on duty is determined and provided according to a transparently applied nationally validated assessment tool, to plan for and meet the needs of the residents. This is subject to regular review.

23.4 The staffing numbers and skill mix of qualified/unqualified staff are at all times appropriate to the assessed needs of the residents and the size, layout and purpose of the residential care setting.

23.5 A planned and actual staff rota, showing staff on duty at any time during the day and night, is maintained.

23.6 At all times care is supervised by a registered nurse on duty. The number of registered nurses required is determined by the assessment tool.

23.7 The number of staff on duty at night time takes into account fire safety requirements.

23.8 The staffing calculations do not take into account individuals working in a supernumerary capacity i.e. individuals there for educational purposes alone.

23.9 Ancillary and administrative staff are employed to ensure that standards relating to food and meals, infection control, transport, administration, laundry, cleaning and maintenance of the premises are fully met.

Standard Number 23 There are appropriately skilled and qualified staff, sufficient to ensure that services are delivered in accordance with these standards and the needs of the residents.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
23.1	Yes No ✓	Agency staff and overtime is used extensively and not just for unforeseen contingencies. A total of 24.14 whole time equivalent Nursing staff were employed through either overtime or agency in 2007. In addition to this a total of 33.08 whole time equivalent Health Care Assistants were employed through either overtime or agency in 2007. The main reason for this is, as reported to us, is a high number of unfilled vacancies traditionally, and a lack of capacity to fill these posts due to employment embargoes.	There are significant risks associated with such high usage of overtime and agency staff and ultimately this is impacting on continuity of service delivery. This also poses significant risks from a safety perspective. The service could not be maintained at its current level without this dependency on overtime and agency. It is also more costly to employ staff in this manner, rather than employing additional full time staff.
23.2	Yes ✓ No	Files and submitted documentation verify that this criteria is fully met.	Very good evidence that this standard criteria is fully met.

23.2.1	Yes ✓	No		
23.2.2	Yes ✓	No		
23.2.3	Yes ✓	No		
23.2.4	Yes ✓	No		
23.2.5	Yes ✓	No		
23.2.6	Yes ✓	No		
23.2.7	Yes ✓	No		
23.3	Yes	No ✓		
23.4	Yes	No ✓		
23.5	Yes ✓	No	Observation and documentation confirm this.	Very good evidence that this standard criteria is

			fully met.
23.6	Yes <input checked="" type="checkbox"/> No	Observation and rosters confirm this.	
23.7	Yes <input checked="" type="checkbox"/> No	Observation and rosters confirm this.	
23.8	Yes <input checked="" type="checkbox"/> No	Observation and documentation confirm this.	
23.9	Yes <input checked="" type="checkbox"/> No	Observation and documentation confirm this.	

Summary of Standard 23

As can be seen from the above, 6 of the 9 standard criteria have been fully met and 3 have not been met. There are considerable risks associated with the use of agency staff and overtime in particular and this needs to be addressed as a matter of urgency. However, this dependency cannot stop without regular appropriate replacement staff being put in place; as the service could not continue to be delivered at current levels without such staffing numbers.

Furthermore, the number and skill mix of staff is not determined and provided in accordance with a transparently applied, validated assessment tool, to plan for and meet the needs of residents. It is essential that this occurs (particularly with regard to enabling a person centred model of service to be delivered).

Standard 24: Training and Supervision

Staff receive induction and continued professional development and appropriate supervision.

Criteria

- 24.1 All nursing staff are, where possible, facilitated to undertake a recognised post-registration qualification in nursing of the older person.
- 24.2 All newly recruited care staff commit to undertake appropriate training to FETAC Level 5 or equivalent within 1 year of taking up employment. Care staff in post for less than 3 years from the date of implementation of these standards, commit to undertake appropriate training to FETAC Level 5 or equivalent within 1 year of the implementation of these standards. Long standing care staff who have their competency and skills assessed as being appropriate to their work in the residential care setting, may be excused from undertaking the FETAC Level 5 or equivalent training. Management should nevertheless try to encourage all these experienced staff to undertake FETAC Level 5 or equivalent training.
- 24.3 There is a staff training and development programme that maintains the skills of the workforce and ensures staff:
- meet the changing needs of residents,
 - fulfil the aims and philosophies of the residential care setting,
 - understand and adhere to the policies and procedures of the residential care setting and those of their regulatory body, and
 - are suitably competent to carry out their role
- 24.4 All staff receive induction training on commencement of employment.
- 24.5 The registered person-in-charge ensures that minimum mandatory training requirements for all staff are met and updated on an ongoing basis.
- 24.6 A record of all completed staff training and development is maintained.
- 24.7 A performance development review policy is established and key staff are trained in its implementation. A performance development review is undertaken with each staff member in order to ensure that staff are aware of their progress and strengths and have an opportunity to develop their capabilities and potential.
- 24.8 As part of the management process all staff are supervised on a continuous basis pertinent to their role.

Standard Number 24 Staff receive induction and continued professional development and appropriate supervision.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
24.1	Yes ✓ No	Staff interviews and induction records confirm this.	Very good evidence that this standard criteria is fully met.
24.2	Yes ✓ No	Interviews confirm this. Records also confirm this.	Very good evidence that this standard criteria is fully met. The organisation should be commended for their commitment to this standard.
24.3	Yes ✓ No	Documentary evidence confirms this.	Very good evidence that this standard criteria is fully met.
24.3.1	Yes ✓ No		
24.3.2	Yes ✓ No		
24.3.3	Yes ✓ No		

24.3.4	Yes ✓	No		
24.4	Yes ✓	No	Staff interviews and documentation confirm this.	Very good evidence that this standard criteria is fully met.
24.5	Yes ✓	No	Documentary evidence confirms this.	Very good evidence that this standard criteria is fully met.
24.6	Yes ✓	No	Documentary evidence confirms this.	Very good evidence that this standard criteria is fully met.
24.7	Yes	No ✓		Some evidence of informal reviews at ward level but nothing formal established as of yet. The service recognises the need for this.
24.8	Yes ✓	No	Staff interviews and Policy confirm this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 24

There is good evidence of most of this standard achieved with St Mary's meeting 7 of the 8 standard criteria and management should be commended for their efforts and interest in continual professional development of staff, which has a positive impact on service delivery for the residents in the care setting. Criteria 24.7 while being managed informally will require policy development and staff training and should be implemented within a reasonable time frame.

Standard 25: Physical Environment

The location and layout of the residential care setting is suitable for its stated purpose. It is accessible, safe, hygienic, spacious and well-maintained and meets residents' individual and collective needs in a comfortable and homely way.

Criteria (General)

- 25.1 The registered provider demonstrates that the premises and facilities comply with relevant statutory provisions and these standards.
- 25.2 The building complies with the requirements of fire safety legislation and current building regulations.
- 25.3 The registered provider demonstrates that equipment is provided and adaptations made that address the assessed needs of the residents.
- 25.4 A programme of routine maintenance and renewal of the fabric and decoration of the premises is produced and implemented and records are maintained.
- 25.5 The building and contents are insured and the registered provider has a valid insurance certificate.
- 25.6 Where Close Circuit Television cameras are used, they do not intrude on the privacy of the resident.
- 25.7 Current infection control guidelines, including the instant supply of hot and cold water and the supply of wall-mounted soap dispensers, are followed.
- 25.8 The residential care setting is creatively designed in a manner that safely accommodates residents' mobility needs. The design and layout encourages and aids independence including appropriate signage and use of colours.
- 25.9 The residential care setting provides safe areas for walking and has regularly spaced seating areas and pockets of interest and diversion.
- 25.10 The residential care setting provides a light and tranquil environment through the use of soft colours and soft furnishings.
- 25.11 Communal rooms and bedrooms are domestic in character and suitable for the range of interests and activities preferred by residents.
- 25.12 There is suitable and sufficient heating with a minimum temperature of 18 °C (65°F) in bedroom areas and 21°C (70°F) in day areas and in bedrooms where residents sit out during the day.
- 25.13 Rooms are individually and naturally ventilated with windows conforming to recognised standards. The height of the window enables residents to see out when seated.

- 25.14 The lighting in communal rooms is suitable to the needs of residents and caregivers; they are sufficiently bright and are positioned to facilitate reading and other activities.
- 25.15 Rooms are centrally heated with pipe work and radiators guarded or guaranteed to have surface temperatures no higher than 43°C. Heating can be controlled in the resident's own room, in compliance with health and safety guidance and Building Regulations.
- 25.16 Hot water is stored at a temperature of at least 60°C and distributed at 50°C minimum, to prevent risks from legionella. To prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have fail safe devices are fitted locally to provide water to a maximum temperature of 43°C.
- 25.17 Equipment, aids and appliances are stored in a safe manner.
- 25.18 The residential care setting provides accommodation for each resident that is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the resident.
- 25.19 In the absence of residents' own provision, furnishings for individual rooms are provided to the minimum as follows:
- a clean comfortable bed which is appropriate to the needs of the resident and facilitates his/her choice. It is at a suitable, safe height for him/her and meets health and safety standards for staff;
 - where a profiling bed is provided to meet the needs of the resident, it is a minimum 900mm wide and is at a suitable, safe height for him/her;
 - bed linen;
 - curtains or blinds;
 - mirror (of suitable size at an appropriate height) ;
 - overhead and over-bed lighting;
 - comfortable seating for one person and access to another chair;
 - drawers and enclosed space for hanging clothes;
 - at least 2 double electric sockets for existing buildings and four for new buildings;
 - a bed-side locker and over-bed table;
- 25.20 The door to the resident's private accommodation is fitted with locks suited to his/her capabilities, it is accessible to staff in emergencies and meets fire safety regulations. The resident is able to secure his/her own personal accommodation, however, in an emergency staff are able to access it.
- 25.21 Each resident has a lockable storage space.

- 25.22 Full fixed screening is provided in rooms with more than one occupant to ensure privacy for personal care.
- 25.23 Where allied health services are provided within the residential care setting, there is appropriate accommodation to house their services.
- 25.24 Specialist medical devices and equipment are provided to meet the needs of the resident as appropriate.
- 25.25 There is a policy on the provision, management, maintenance and repair of medical devices and equipment. An identified person has responsibility for medical devices and equipment management including staff training and safety assurance.
- 25.26 The resident, including those with a hearing, visual or sensory impairment, learning or physical disability, dementia or other cognitive impairment has access to relevant communal areas, through the provision of, where required:
- Ramps and passenger lifts
 - Stair/chair lifts
 - Grab rails, hoists, and other aids
 - Good signage and colour scheme
- 25.27 The doorways into communal areas, residents' rooms, bathing and toilet facilities and other spaces to which wheelchair users, power wheelchair users and those requiring the use of hoists have access, are of sufficient width to allow adequate access. In all newly built residential care settings, new extensions and first time registrations, doorways into areas to which wheelchair users have access have a clear opening of 850mm. There should be a minimum clear dimension of 300mm between the leading edge of the door and the nearest return wall or other obstruction.
- 25.28 Call systems with an accessible alarm facility are provided in every room and for every bed with due regard to the resident's safety.
- 25.29 The registered person-in-charge facilitates the use of *assistive living technology* to maximise the independence of the resident.

Outdoor space

- 25.30 The existing residential care setting provides, where possible, a safe outdoor space with seating, accessible to all residents, including those in wheelchairs or who have other mobility problems. The grounds are kept safe, tidy and attractive. In residential care settings registered to accommodate people with dementia, there is a secure perimeter. Where outdoor space is not available, the resident has access to a programme of outside activities.

Communal space

25.31 In the existing residential care setting communal space comprises separate sitting and dining rooms, and recreational space. It excludes residents' private accommodation, corridors, and entrance halls of corridor width. It includes:

- rooms in which a variety of social, cultural and religious activities can take place
- dining room(s) to cater for all residents
- sitting rooms, at least one of which provides for quiet space
- a separate room where residents can meet visitors in private
- residential care settings are exempt from the Public Health (Tobacco) Acts 2002 and 2004 and may provide a designated smoking area in line with Department of Health and Children guidance
- where there is a separate designated smoking room, it is ventilated to the external air by natural and mechanical ventilation. It is located and designated to facilitate continuous supervision of smokers with due regard to 'duty of care' as outlined under health and safety legislation. The residential care setting has a documented 'smoking policy.'
- where a hairdressing room is provided it contains a hairdressing sink and a separate wash basin, a continuous supply of hot and cold water, and adequate ventilation to the external air

Treatment Room(s)

25.32 The existing residential care setting has a separate dedicated room(s) with facilities in place for clinical examinations and therapy, if required and as appropriate to the size of the institution.

Kitchens

25.33 The existing residential care setting has kitchens and, where appropriate ward serveries and associated areas, which are adequate in size and of suitable layout to cater for the residents' needs and comply with food safety legislation.

Lift

25.34 In order to ensure safe access and egress, premises with more than one floor, or located on upper floors, have a lift or chair lift to facilitate the transfer of residents between floors. Where there is no lift or chair lift residents who are not independently mobile are not accommodated on upper floors.

Cleaning Rooms

25.35 The existing residential care setting has separate cleaning rooms appropriate to the size of the residential care setting. The cleaning rooms are ventilated to the external air and contain a floor level intact sluice sink, wash hand basin, and lockable safe storage for cleaning chemicals. There are separate cleaning rooms for catering and non-catering areas. All new/ replacement sinks are of stainless steel.

Sluice Room(s)

25.36 The existing residential care setting has a sluicing facility/facilities appropriate to the size of the residential care setting and easily accessible from all areas of the building. At a minimum it contains:

- an intact sluice sink sufficiently large to avoid spillage, directly connected to the foul drainage system
- a bedpan washer or a macerator
- a wash hand basin and sink
- adequate racking / storage for bedpans/ urinals
- lockable cupboards for safe storage of cleaning chemicals

All new/ replacement sinks are of stainless steel.

Laundry

25.37 The existing residential care setting has a laundry ventilated to the external air that adequately caters for the size of the residential care setting. At a minimum it contains:

- an intact unit with double drainer, serviced with an instant supply of hot and cold water
- a wash hand basin
- suitable and sufficient worktops and racking for sorting, drying and storage of laundry
- a facility to separate clean and dirty laundry
- an adequate number of washing machines (with appropriate disinfection temperatures for washing soiled laundry) and dryers
- an ironing facility

All new/ replacement sinks are of stainless steel.

Office(s)

25.38 The existing residential care setting has a dedicated office(s) appropriate to the size of the residential care setting. It contains suitable and safe storage for medical files and records, and seating and desk(s). It is ventilated to the external air and equipped to facilitate management and staff in the performance of their duties.

Bedrooms

25.39 The existing residential care setting provides a minimum of 9.3 m² usable floor space (excluding en-suite facilities) in all single rooms. Where the residential care setting provides less than 9.3 m² usable floor space, it must be provided within 5 years of the implementation of these standards.

25.40 Existing bedrooms which are currently shared have at least 7.4 m² per resident. Within 5 years of implementation of these standards, there are no

more than 4 residents per room except in a high dependency unit where up to 6 highly dependent residents can be accommodated together but only where they need 24 hour vigilant nursing care or are in transition from hospital to nursing home care. The high dependency unit is equipped with a sink for staff use.

Toilets and Washing Facilities

- 25.41 The existing residential care setting provides toilet, washing and bathing facilities that meet the needs of residents. Each resident has a toilet within close proximity of his/her private accommodation. Toilets are accessible, clearly marked and close to lounge and dining areas.
- 25.42 The existing residential care setting has:
- at least one toilet to every six residents (en-suites are not included in this calculation)
 - communal toilets located in close proximity to day areas and dining areas
 - additional toilet facilities that are wheelchair accessible identified for use by visitors
 - one hand basin per bedroom with a minimum of one hand basin for every two residents or one for every three residents of a high dependency unit
 - at least one assisted toilet per floor
- 25.43 The existing residential care setting provides:
- At least 1 assisted bath (or assisted showers provided this meets residents needs) to 11 residents. Where suitably adapted en-suite bathing/shower facilities are provided in residents' rooms, these residents can be excluded from this calculation.
 - Where existing residential care settings provide less than 1 assisted bath (or assisted showers) to 11 residents, this must be provided within 5 years of the implementation of these standards.
 - Assisted baths/showers are suitably located in close proximity to bedrooms.

Standard Number 25 The location and layout of the residential care setting is suitable for its stated purpose. It is accessible, safe, hygienic, spacious and well-maintained and meets residents' individual and collective needs in a comfortable and homely way.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
25.1	Yes <input checked="" type="checkbox"/> No	Policy and observation confirm this.	
25.2	Yes <input checked="" type="checkbox"/> No	Policy and observation confirm this.	
25.3	Yes <input checked="" type="checkbox"/> No	Observation confirms this.	
25.4	Yes <input checked="" type="checkbox"/> No	Interviews and documentation confirm this.	
25.5	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
25.6	Yes ✓ No	Observation confirms this.	Very good evidence that this standard criteria is fully met.
25.7	Yes ✓ No	Policy and observation clearly confirm this.	
25.8	Yes No ✓	Observation confirms this.	Building is very old and a number of areas restrict independence.
25.9	Yes No ✓	Observation confirms this.	
25.10	Yes No ✓	Observation confirms this.	While attempts have been made to provide this, the current environment restricts this.
25.11	Yes No ✓	Observation confirms this.	While attempts have been made to provide this, the current environment restricts this.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
25.12	Yes ✓ No	Observation confirms this.	
25.13	Yes No ✓	Observation confirms this.	No opportunity for some residents to see out when seated. Windows too high.
25.14	Yes ✓ No	Observation confirms this.	
25.15	Yes No ✓	Observation confirms this.	Heating cannot be controlled in every room.
25.16	Yes ✓ No	Policy clearly identifies this is the case. Water Care and Safety Procedure Manual.	Very good evidence that this standard criteria is fully met.
25.17	Yes No ✓	Observation confirms this.	Inadequate storage space on all units.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
25.18	Yes No ✓	Observation confirms this.	
25.19	Yes No Partially ✓	Observation confirms this.	
25.19.1	Yes ✓ No		
25.19.2	Yes ✓ No		
25.19.3	Yes ✓ No		
25.19.4	Yes ✓ No		
25.19.5	Yes ✓ No		
25.19.6	Yes ✓ No		
25.19.7	Yes ✓ No		
25.19.8	Yes No Partially ✓		Inadequate for residential setting, limited space.

25.19.9	Yes ✓ No		
25.19.10	Yes ✓ No		
25.20	Yes No ✓	Observation confirms this.	
25.21	Yes No ✓	Observation confirms this.	
25.22	Yes No Partially ✓	Observation confirms this.	Screen is available but space constraints between beds when using hoist does not ensure privacy for personal care at all times for all people.
25.23	Yes No Partially ✓	Staff interviews and observation confirm this.	Some Allied Health Professional services need further space. Environmental limitation at present

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
25.24	Yes ✓ No	Observation confirms this.	
25.25	Yes No ✓	No policy at present.	A policy needs to be developed for this criteria.
25.26	Yes No Partially ✓	Observation confirms this.	This criteria is partially met. In Deerpark the chair lift is regularly out of order. Lift in main hospital not user friendly for residents, who would require assistance to use it. In Rhiannon, residents have access to communal areas but one would question whether they have access to relevant communal areas. Poor signage and colour schemes to aid residents with cognitive impairment.
25.26.1	Yes ✓ No		
25.26.2	Yes ✓ No		
25.26.3	Yes No ✓		
25.26.4	Yes No ✓		
25.27	Yes ✓ No	Observation confirms this.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
25.28	Yes ✓ No	Observation confirms this.	
25.29	Yes ✓ No	Observation and interview confirm this.	
25.30	Yes No ✓	Observation confirms this.	Extensive grounds attached to the hospital but access is limited to those who can independently avail of this facility. Very limited seating available for those wishing to spend time reading or admiring the deer. No safe area to accommodate people with dementia thus the physical environment impacts on other standards of choice and autonomy.
25.31	Yes No Partially ✓		

25.31.1	Yes ✓	No	Observation confirms this.	
25.31.2	Yes	No ✓	Observation confirms this.	
25.31.3	Yes	No ✓	Observation confirms this.	
25.31.4	Yes	No ✓	Observation confirms this.	
25.31.5	Yes ✓	No	Observation confirms this.	
25.31.6	Yes ✓	No	Observation confirms this.	
25.31.7	Yes	No ✓		
25.32	Yes ✓	No	Observation confirms this. Dental, chiropody, physiotherapy and other rooms are available.	
25.33	Yes ✓	No	Observation confirmed this.	
25.34	Yes ✓	No	Lift is in place in main building. However, current lift is cumbersome and possibly in need of replacement (Some families find it very difficult to manage). A chair lift is in place in Deerpark, however it is constantly	

		breaking down. The suitability of Deerpark is questionable from a health and safety perspective; and the lift difficulties there compound this.	
25.35	Yes No ✓	Observation confirms this.	Contract cleaners are used and there are no separate cleaning rooms on units. Cleaning agents and materials are stored in cleaners' store on corridor near reception. Mop buckets are stored in sluice room on unit.
25.36	Yes No Partially ✓	Observation confirms this.	
25.36.1	Yes No ✓		
25.36.2	Yes ✓ No		
25.36.3	Yes No ✓		
25.36.4	Yes No ✓		

25.36.5	Yes	No ✓		
25.37	Yes	No	Observation confirms this.	Laundry not adequate for 300 residents. Poor standard shelving and general poor repair. Laundry used for personal clothing only. All linen is sent out to an external laundry.
	Partially ✓			
25.37.1	Yes ✓	No ✓		
25.37.2	Yes	No ✓		
25.37.3	Yes	No ✓		
25.37.4	Yes	No ✓		
25.37.5	Yes ✓	No		
25.37.6	Yes	No ✓		
25.38	Yes ✓	No	Separate administration building with a dedicated medical records room. Files no longer required are sent to central storage and can be retrieved within 24 hours if required for freedom of Information and other requests.	Records are sent to private central storage firm, where a named person is assigned to deal with St Marys. Excellent service provided by same.

25.39	Yes ✓ No	Observation confirms this.	
25.40	Yes No ✓		
25.41	Yes No ✓		
25.42	Yes No Partially ✓	Observation confirms this.	
25.42.1	Yes No ✓		
25.42.2	Yes No ✓		
25.42.3	Yes No ✓		
25.42.4	Yes No ✓		
25.42.5	Yes ✓ No		
25.43	Yes No ✓	Observation confirms this.	
25.43.1	Yes No ✓		
25.43.2	Yes No ✓		

25.43.3	Yes No ✓		
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Summary of Standard 25.

As can be seen from the above, approximately half of this standard has been met. A total of 19 of the 43 criteria have been met, while 8 have been partially met and 16 have not been met. The physical environment is in poor condition with many associated risks evident. There are a large number of residents with poor physical mobility and cognitive impairment being cared for in the second and third floor of the building. In the event of fire, in our opinion and experience, it would be difficult to guarantee safe evacuation of all residents and it poses a high risk factor for the service with the probability of fatalities.

Due to the poor physical structure a number of other standard criteria could not be met and until the environment is altered it will not be possible to do this. The lack of space to provide essential and personal care is a concern as residents’ privacy and dignity is compromised on a continual basis. Due to the structure and window height it is impossible for residents to see out, which deprives them of daily stimulation and an opportunity to see the seasons change. The lack of a secure garden is affecting behaviour and depriving residents of the opportunity to walk around safely and experience daylight and fresh air. Residents are confined, restricted and deprived of choice, independence and autonomy in certain aspects of the current environment. Bathrooms and toilets are inadequate for the needs of the residents, they are insufficient in number, too far from residents and space within them is inadequate.

In addition to the above, the current environment leaves nowhere for certain residents to go during the day and as a consequence many are sitting beside their bed and having meals beside their bed, without access to

any other environment. There is no sense of normalisation (as in getting up and going to living areas as would have been their routine previously). This also prohibits the earlier standard on routines and expectations being met. Residents' privacy and dignity is also compromised by the lack of space, which affects their capacity to have visitors in private, to spend time alone and to have consultation with other health care professional in private. In addition to this the absence of sufficient single rooms for terminal care impacts negatively on privacy and dignity.

Standard 26: Health and Safety

The health and safety of the resident, staff and visitor to the resident care setting is promoted and protected.

Criteria

- 26.1 There are policies and procedures that comply with health and safety legislation for providing and maintaining:
- A safe and healthy place of work with safe access to and egress from it
 - Working practices that minimise risks to health or welfare
 - A healthy work environment
- 26.2 The registered person-in-charge, in accordance with relevant legislation, promotes healthy and safe working practices through the provision of information, training, supervision and monitoring of staff under the following broad headings:
- A safe and healthy working environment with safe systems of work
 - A safe place of work with safe access to it and egress from it
 - Fire safety
 - Infection control
 - Moving and handling
 - Falls management
 - First aid
 - Food safety
 - Maintenance of all equipment and machinery
 - Personal safety at work in compliance with Safety, Health and Welfare at Work Act, 2005
- 26.3 There is a safety statement for each residential care setting and each staff member understands his/her responsibility for the safety of residents and other staff members. Staff safety representatives are facilitated to discharge their responsibilities.
- 26.4 There are arrangements in place to ensure the registered person-in-charge receives appropriate information and can access support and the necessary resources to ensure a safe and healthy workplace.
- 26.5 Publicly displayed health and safety procedures are in formats that are easily understood and take account of the special communication needs of people using the building. All staff are familiar with the health and safety arrangements for the building.

- 26.6 The registered person-in-charge ensures that risk assessments are carried out for every area of work and associated work activities. The findings of the risk assessment and the action taken to manage identified risks are recorded. All staff are aware of any hazards identified and the current control measures in place. The risk assessments are reviewed on a regular basis and updated as required.
- 26.7 The registered person-in-charge ensures that all significant events including accidents, injuries, dangerous occurrences and incidents of fire are recorded. Where a significant event involves a resident, the next of kin is notified as soon as possible. This information is audited and feedback and education are provided.
- 26.8 Staff use appropriate protective clothing and equipment suitable for the job to prevent risk of harm or injury to themselves or others.
- 26.9 Vehicles are roadworthy, insured and are only driven by staff with a full driving license which entitles him/her to drive the particular vehicle. A record is kept of maintenance checks. All incidents are reported as per an Incident Report Policy.
- 26.10 There is an emergency plan in place.

Fire Safety

- 26.11 The residential care setting has a Fire Safety policy.
- 26.12 There is an up-to-date fire management plan (including management of fire safety equipment and conducting fire drills) that is revised and actioned when necessary and whenever the fire risk changes. This includes the maintenance and checking of physical fire precautions in accordance with relevant legislation and manufacturers and installers guidance.
- 26.13 Each staff on commencing employment, and at least once a year thereafter, undertakes training in fire safety and evacuation. A record of this is maintained.

Hygiene and Control of Infection

- 26.14 Responsibility for infection prevention and control is clearly defined and there are clear lines of accountability for infection prevention and control throughout the residential care setting.
- 26.15 The premises are easy to clean and meet the requirements of infection control policies and procedures.
- 26.16 There are policies and procedures consistent with current national guidelines on infection prevention and control systems that are used by staff on a daily basis. These include the safe handling and disposal of clinical waste, dealing with spillages, provision of protective clothing, raising awareness of residents and their visitors, hand washing and cleaning of equipment in order to prevent cross infection.

- 26.17 The premises are kept clean, hygienic and free from offensive odours throughout. Systems are in place to prevent and control the spread of infection, in accordance with legislation and published professional guidance.
- 26.18 All staff receive education and training and regular updates (at least annually) on the risks of infection, that are commensurate with their work activities and responsibilities and their role in preventing and managing infection.
- 26.19 Alcohol rub and hand washing facilities are prominently sited throughout the residential care setting in accordance with current infection control guidelines. They are available with a separate hand washing sink in areas where infected material and/or clinical waste are handled.
- 26.20 Clearly documented systems are in place for detecting and responding to an outbreak of infection.
- 26.21 There is a staff changing room. Shower facilities are provided and lockers are available to all staff. All clinical staff are required to change clothing coming on and going off duty.
- 26.22 The laundry floor finishes are impermeable and these and wall finishes are washable. Laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten. There are separate areas for clean and dirty laundry and washing machines have the specified programming ability to meet disinfection standards. There is an adequately sized linen storage area on each floor or wing depending on the design of the building.
- 26.23 The registered person-in-charge ensures compliance with food safety legislation and that staff receive training in relation to it.

Standard Number 26 The safety and health of the resident, staff and visitor to the resident care setting is promoted and protected.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
26.1	Yes ✓ No	Documentation and observation confirm this.	
26.1.1	Yes ✓ No		
26.1.2	Yes ✓ No		
26.1.3	Yes ✓ No		
26.2	Yes ✓ No	Documentation and staff interviews confirm this.	Very good evidence that this standard criteria is fully met.
26.2.1	Yes ✓ No	Observation confirms this.	
26.2.2	Yes ✓ No	Observation confirms this.	
26.2.3	Yes ✓ No	Documentation confirms this.	
26.2.4	Yes ✓ No	Documentation confirms this.	
26.2.5	Yes ✓ No	Documentation confirms this.	

26.2.6	Yes ✓	No	Documentation confirms this.	
26.2.7	Yes ✓	No	Documentation confirm this.	
26.2.8	Yes ✓	No	Documentation confirms this.	
26.2.9	Yes ✓	No	Staff interviews and observation confirm this.	
26.2.10	Yes ✓	No	Interviews and observation confirms this is happening.	
26.3	Yes ✓	No	Staff interviews and documentation confirm this is happening.	Safety statement would merit a review/update.
26.4	Yes ✓	No	Interview confirms this.	Very good evidence that this standard criteria is fully met.
26.5	Yes ✓	No	Observation confirms this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
26.6	Yes <input checked="" type="checkbox"/> No	Interview and documentation confirm this is happening.	Very good evidence that this standard criteria is fully met.
26.7	Yes <input checked="" type="checkbox"/> No	Interview and documentation confirm this is happening.	Very good evidence that this standard criteria is fully met.
26.8	Yes <input checked="" type="checkbox"/> No	Staff interviews and observation confirm this is happening.	Very good evidence that this standard criteria is fully met.
26.9	Yes <input checked="" type="checkbox"/> No	Staff interviews and documentation confirm this is happening.	Very good evidence that this standard criteria is fully met.
26.10	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
26.11	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
26.12	Yes √ No	Policy clearly identifies this.	Very good evidence that this standard criteria is fully met.
26.13	Yes √ No	Documentation confirms this is happening.	Very good evidence that this standard criteria is fully met.
26.14	Yes √ No	Identified staff with responsibility for infection control.	Very good evidence that this standard criteria is fully met.
26.15	Yes No Partially √	Physical environment poor.	
26.16	Yes √ No	Policy clearly identifies this. Observation confirms this is happening.	Very good evidence that this standard criteria is fully met.
26.17	Yes √ No	Policy clearly identifies this. Observation confirms this is happening.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
26.18	Yes ✓ No	Staff interviews and documentation confirm this.	Very good evidence that this standard criteria is fully met.
26.19	Yes ✓ No	Observation confirms this is happening.	Very good evidence that this standard criteria is fully met.
26.20	Yes ✓ No	Policy clearly identifies this.	Very good evidence that this standard criteria is fully met.
26.21	Yes No ✓		Current physical environment is restrictive.
26.22	Yes No Partially ✓	Observation confirms this.	There is safe transfer of dirty linen.
26.23	Yes ✓ No	HACCP training provided.	Very good evidence that this standard criteria is fully met.

Summary of Standard 26

There is good evidence of most of this standard being achieved with St. Mary's meeting 20 of the 23 standard criteria fully and 2 partially. Management should be commended for their efforts in promoting health and safety through continual in-service training, and maintaining a safe environment by the establishment of committees to monitor and evaluate safe practices for residents, staff and visitors. Criteria 26.21 will require attention particularly in relation to infection control.

Standard 27: Operational Management

The residential care setting is managed by a suitably qualified and experienced nurse(s) with authority, accountability and responsibility for the provision of the service¹.

Criteria

- 27.1 The registered person-in-charge is qualified, competent and experienced to manage the residential care setting and meet its stated purpose, aims and objectives. He/she:
- Is a registered nurse
 - Has at least three years experience nursing older people in the last six years
 - Has a minimum of two years management experience
 - Has engaged in continuous professional development
 - Has an in-depth knowledge of the ageing process
- 27.2 Within 5 years of the implementation of these standards each newly-appointed registered person-in-charge will have:
- A post-registration qualification in nursing of the older person,
 - Three years experience in a management capacity, and
 - A post-registration qualification in healthcare management or equivalent
- 27.3 The job description of the registered person-in-charge enables him/ her to have authority and take responsibility for fulfilling his/her duties.
- 27.4 The registered person-in-charge is responsible for no more than one registered designated centre.
- 27.5 Where there is more than one residential care setting within an organisation, an individual is nominated to hold full operational accountability for each setting.
- 27.6 Where an organisation provides multiple designated centres, there is a named manager to whom each registered person-in-charge reports.
- 27.7 The named manager carries out the responsibilities and duties of the registered provider.
- 27.8 The Social Services Inspectorate is notified in writing of any change to the registered provider or the registered person-in-charge, prior to or at the time of the change.

Standard Number 27 The residential care setting is managed by a suitably qualified and experienced nurse(s) with authority, accountability and responsibility for the provision of the service.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
27.1	Yes ✓ No	Documentation and interview confirm this.	Very good evidence that this standard criteria is fully met.
27.1.1	Yes ✓ No		
27.1.2	Yes ✓ No		
27.1.3	Yes ✓ No		
27.1.4	Yes ✓ No		
27.1.5	Yes ✓ No		
27.2	Yes No	Not Applicable	
27.2.1	Yes No		
27.2.2	Yes No		
27.2.3	Yes No		

27.3	Yes <input checked="" type="checkbox"/> No	Interview and documentation confirm this (assuming the Director of Nursing is the registered person in charge).	Very good evidence that this standard criteria is fully met.
27.4	Yes <input checked="" type="checkbox"/> No	Interview confirms this.	Very good evidence that this standard criteria is fully met.
27.5	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable.		
27.6	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable.		
27.7	Yes <input checked="" type="checkbox"/> No	Interview and documentation confirm this.	Very good evidence that this standard criteria is fully met.
27.8	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable as of yet.		

Summary of Standard 27

As can be seen from the above, 4 of the 8 criteria of this standard are not applicable. St. Mary's achieve the other 4 criteria therefore they fully comply with this standard.

Standard 28: Purpose and Function

There is a written statement of purpose and function that accurately describes the service that is provided in the residential care setting and the manner in which it is provided. Implementation of the statement of purpose and function is clearly demonstrated.

Criteria

28.1 The statement of purpose and function includes:

- the aims, objectives and ethos of care, including practices that are directly determined by the residential care setting's ethos,
- the number of residents, categories of care provided, and level of needs that can be accommodated,
- the services and facilities provided,
- the terms and conditions of the contract of care, (See Standard 7: Contract/ Statement of Terms and Conditions)
- the physical facilities of the premises, and
- a list of key policies that inform practice in the residential care setting .

28.2 The day-to-day operation of the residential care setting reflects the statement of purpose and function.

28.3 Significant changes to the statement of purpose notably, building extensions, number of residents, type of care or level of need that is accommodated, are made following approval from the Social Services Inspectorate.

28.4 The statement is available in a format that is accessible to the resident and the prospective resident, his/her family and/or representative. The statement is kept under review and updated when necessary. (See Standard 1: Information)

28.5 The purchaser of beds and the relevant registered providers have Service Level Agreements which are implemented and monitored.

28.6 Service delivery plans are resident-focused and promote continuity in service delivery. Where progress is less than expected, or where difficulties or risks are encountered, the service responds to this and initiates changes to the service delivery plan.

Standard Number 28 There is a written statement of purpose and function that accurately describes the service that is provided in the residential care setting and the manner in which it is provided.
Implementation of the statement of purpose and function is clearly demonstrated.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
28.1	Yes No Partially ✓		
28.1.1	Yes ✓ No	Documentation to support this. Information Booklet.	
28.1.2	Yes No ✓		
28.1.3	Yes ✓ No	Documentation to support this. Information Booklet.	
28.1.4	Yes No ✓		
28.1.5	Yes ✓ No	Documentation to support this. Information Booklet.	
28.1.6	Yes No ✓		
28.2	Yes No Partially ✓		While staff treat people with dignity and respect the current environment

			restricts this criteria being fully met.
28.3	Yes No Not applicable		
28.4	Yes √ No	Information booklet.	Very good evidence that this standard criteria is fully met.
28.5	Yes √ No	Interview and documentation confirm this.	Very good evidence that this standard criteria is fully met.
28.6	Yes √ No	Documentation to confirm this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 28

As can be seen from the above, 3 of the 5 applicable criteria of this standard are currently met. The environment restricts the capacity of 1 of the unmet criteria to be met, whereas some changes to the information booklet will enable the final criteria to be met.

Standard 29: Management Systems

Effective management systems are in place that support and promote the delivery of quality care services.

Criteria

- 29.1 There is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for areas of activity.
- 29.2 The organisational structure and systems support the registered provider, the registered person-in charge and the management team to create a transparent, positive and inclusive environment.
- 29.3 The registered person-in-charge ensures that professional development plans are in place that are supported by training and education programmes.
- 29.4 The registered person-in-charge ensures that staff receive training in, are familiar with, and implement all policies and procedures within the residential care setting. There is clear evidence in this regard.
- 29.5 The registered person-in-charge ensures that applicable legislation, regulatory requirements and relevant Codes of Practice are met.
- 29.6 The residential care setting has systems in place to effectively manage risk, including a designated person(s) to contact in an emergency. Policies and procedures are implemented effectively with due consideration of the needs and wishes of the resident.
- 29.7 The registered person-in-charge ensures that all legally required certificates and licenses are kept up to date and are displayed where required.
- 29.8 Policies, procedures and practices are regularly reviewed in light of changing legislation, alert directions, quality monitoring, residents' views and best practice. They are subsequently amended and implemented as required. There is clear evidence in this regard.

Standard Number 29 **Effective management systems are in place that support and promote the delivery of quality care services.**

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
29.1	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
29.2	Yes <input checked="" type="checkbox"/> No	Staff interviews confirm this.	Very good evidence that this standard criteria is fully met.
29.3	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
29.4	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
29.5	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
29.6	Yes <input checked="" type="checkbox"/> No	Policies and documentation confirm this is happening.	Very good evidence that this standard criteria is fully met.
29.7	Yes <input checked="" type="checkbox"/> No	Policies and documentation confirm this is happening.	Very good evidence that this standard criteria is fully met.
29.8	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 29

All the standard criteria have been met in full and all involved in St. Mary's should be commended for this. The service would however benefit from further developing the Organagram clearly defining the reporting relationships and lines of responsibility for all staff (this is in place but requires further development).

Standard 30: Quality Assurance and Continuous Improvement

The quality of care and experience of the residents are monitored and developed on an on-going basis.

Criteria

- 30.1 An annual review of systems and practices against these standards takes place. Improvements are clearly demonstrated and a corrective action plan, where required, addressing areas requiring improvement, is developed and implemented.
- 30.2 The registered person-in-charge, for the purposes of quality monitoring, continuous improvement and inspection, collects data on:
- residents given influenza vaccination during the flu season,
 - residents assessed for and given pneumococcal vaccination,
 - residents who have had moderate to severe pain within the previous week,
 - residents who have pressure sores,
 - residents who have been physically restrained within the previous week,
 - residents who have received psychotropic drugs (including sleeping tablets) within the last week,
 - residents who have an indwelling catheter,
 - residents who spent most of their time in bed or in a chair within the last week,
 - residents who have fallen within the last month, and
 - residents who experienced significant weight loss over the last 3 months,
 - complaints,
 - significant events.

(This list is not intended to be exhaustive)

The registered person-in-charge ensures that appropriate action is taken in response to any findings of concern arising from the above.

- 30.3 The registered person-in-charge or management delegate, for the purposes of monitoring, reviews care plans at least three-monthly intervals to ensure that the care planning process is conducted in accordance with guidelines and procedures. If conducted by a management delegate, the registered person-in-charge is informed of his/her findings.
- 30.4 Research, quality assurance or audit is carried out by the residential care setting in accordance with best practice and ethical principles.

Standard Number 30 The quality of care and experience of the residents are monitored and developed on an on-going basis.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
30.1	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
30.2	Yes <input checked="" type="checkbox"/> No		Very good evidence that this standard criteria is fully met.
30.2.1	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.2	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.3	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.4	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.5	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.6	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.7	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	
30.2.8	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	

30.2.9	Yes ✓	No	Documentation confirms this.	
30.2.10	Yes ✓	No	Documentation confirms this.	
30.2.11	Yes ✓	No	Documentation confirms this.	
30.2.12	Yes ✓	No	Documentation confirms this.	
30.3	Yes ✓	No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
30.4	Yes ✓	No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 30

This standard has been met in full and all involved in St. Mary's should be commended for their substantial efforts to improve the quality of care delivered to the residents.

Standard 31: Financial Procedures

The continued viability of the residential care setting is assured through suitable accounting and financial procedures.

Criteria

- 31.1 Accounting, budgetary and financial procedures are implemented to manage and demonstrate the continued viability of the residential care setting, as evidenced by a letter from the residential care setting's auditor.**
- 31.2 Insurance cover is put in place against loss or damage to the assets and delivery of the service, including out-sourced providers.**

Standard Number 31 The continued viability of the residential care setting is assured through suitable accounting and financial procedures.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
31.1	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	Internal Audits conducted by H.S.E. Eastern Region and external audits commissioned by the H.S.E.
31.2	Yes <input checked="" type="checkbox"/> No	Documentation confirms this.	

Summary of Standard 31

This standard has been met in full and management in St. Mary’s and within the H.S.E. should be commended for this.

Standard 32: Register and Resident's Records

Each resident is safeguarded by the residential care setting's record-keeping policies and procedures.

Criteria

32.1 All resident's records are secure, up-to-date, in good order and are constructed, maintained and used in accordance with the Data Protection Act 1998, the Freedom of Information Act (1997/2003) and national guidelines. They are accessible and available for monitoring purposes. There is an appropriate system for recording the interventions of visiting health care professionals.

32.2 Records required for the effective and efficient running of the residential care setting are maintained, up to date and accurate at all times. The register (electronic or hard copy) includes the following information in respect of each resident:

- the first name(s), surname, address, date of birth, marital status and religious denomination;
- the name, address and telephone number of the resident's representative nominated to act on the resident's behalf as a person to be notified in the event of a change in the resident's health or circumstances;
- the name, address and telephone number of the resident's medical practitioner;
- the date the resident was last admitted to the residential care setting;
- where the resident left the residential care setting, the date on which he/she left and a forwarding address;
- where the resident is admitted to hospital the date of and reasons for the admission and the name of the hospital;
- where the resident dies in the residential care setting, the date, time and certified cause of death as soon as it is made available.

32.3 The resident's record includes:

- a summary of the assessment of the level of dependency of the resident on admission and on review;
- a copy of the contract between the residential care setting and the resident;
- a record of the resident's assessed physical and mental health and social needs at the time of admission;
- the resident's care plan;
- an appropriate record of nursing interventions, based on assessed needs, completed at a minimum on a daily basis, and preferably at the end of each shift and signed and dated by the nurse on duty;

- a medical record with details of every assessment undertaken by a doctor, investigations made, diagnosis and treatment given, and a record of all drugs and medicines prescribed, signed and dated as appropriate;
- a record of drugs and medicines administered giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines;
- a record of any incident involving the resident;
- a record of any occasion on which physical or chemical restraint is used, the nature of the restraint and its duration;
- a record of any substantial complaint made by the resident or his/her representative and the outcome of the investigation.

32.4 There is a policy for the retention and destruction of records in compliance with the Data Protection Act 1998.

32.5 The resident has access to his/her record and information about him/her held by the registered service provider. He/she has opportunities to help maintain his/her personal records, in accordance with the Data Protection Act 1998 and Freedom of Information Act 1997.

Standard Number 32 Each resident is safeguarded by the residential care setting’s record-keeping policies and procedures.

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
32.1	Yes ✓ No	Documentation confirms this.	Very good evidence that this standard criteria is fully met.
32.2	Yes ✓ No		Very good evidence that this standard criteria is fully met.
32.2.1	Yes ✓ No	Documentation confirms this.	
32.2.2	Yes ✓ No	Documentation confirms this.	
32.2.3	Yes ✓ No	Documentation confirms this.	
32.2.4	Yes ✓ No	Documentation confirms this.	
32.2.5	Yes ✓ No	Documentation confirms this.	
32.2.6	Yes ✓ No	Documentation confirms this.	
32.2.7	Yes ✓ No	Documentation confirms this.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
32.3	Yes ✓ No		Very good evidence that this standard criteria is fully met.
32.3.1	Yes ✓ No	Documentation confirms this.	
32.3.2	Yes No ✓		
32.3.3	Yes ✓ No	Documentation confirms this.	
32.3.4	Yes ✓ No	Documentation confirms this.	
32.3.5	Yes ✓ No	Documentation confirms this.	
32.3.6	Yes ✓ No	Documentation confirms this.	
32.3.7	Yes ✓ No	Documentation confirms this.	
32.3.8	Yes ✓ No	Documentation confirms this.	
32.3.9	Yes ✓ No	Documentation confirms this.	
32.3.10	Yes ✓ No	Documentation confirms this.	

Criteria Number	Is the Criteria Met	Describe evidence that verified rating	Additional Comments
32.4	Yes <input checked="" type="checkbox"/> No	Policy clearly verifies this.	Very good evidence that this standard criteria is fully met.
32.5	Yes <input checked="" type="checkbox"/> No	Resident/family interviews and observation confirm this.	Very good evidence that this standard criteria is fully met.

Summary of Standard 32

This standard has been fully met and management of St. Mary's should be commended for this. Excellent records and care plans are in place for residents covering all aspects of the care process.