

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St. Joseph's Care Centre	
Centre ID:	0466	
Centre Address:	Dublin Road	
	Longford	
	Co. Longford	
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public	
Registered provider:	Health Service Executive	
Person in charge:	Joan Brady	
Date of inspection:	8, 9 and 10 March and 12 May 2011	
Time inspection took place:	Day 1: Start: 11:30 hrs Completion: 18:30 hrs Day 2: Start: 09:00 hrs Completion: 18:00 hrs Day 3: Start: 08:00 hrs Completion: 16:00 hrs Day 4: Start: 12:30 hrs Completion: 15:30 hrs	
Lead inspector:	Geraldine Jolley	
Support inspector(s):	Nuala Rafferty-Day 1 Jude O'Neill- Day 2 Damien Woods-Day 3	
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

St Joseph's care centre is a Health Service Executive (HSE) facility that provides accommodation for a maximum of 74 dependent persons. It provides care to residents' from the Longford area who require rehabilitation, respite care, long term care, palliative care or who have dementia care or enduring mental health problems. A general practice (GP) treatment centre, an out patient clinic and day care services are co-located on the site.

The centre was built in three phases between 1968 and 1987 on the site of the old Longford Union workhouse. It comprises four units each with their own communal space, bathrooms, toilets and sluice facilities. The units are: Padre Pio an exclusively male unit and St Therèse's, Our Lady's and The Lodge which are mixed gender units. The Lodge is separate from and located to the rear of the main building with it's own entrance. It accommodates 28 residents. The other three units were in a transition phase at the time of the inspection and the resident numbers accommodated varied from the usual occupancy due to the closure of the Padre Pio unit for refurbishment and the transfer of residents from here to other units. When this work is complete St. Teresa's will accommodate 16 residents, Our Lady's will accommodate 17 residents and Padre Pio 25 residents. Residents were previously accommodated in single and multiple occupancy rooms and the final room layout could not be determined until the refurbishment work was complete. Each unit has a single room that is designated for end of life or palliative care. There are accessible showers and toilets near the bedroom and communal areas. There is also communal sitting and dining areas, nursing offices, kitchens, sluices and cleaning areas in each unit.

The centre layout is completed by a welcoming entrance with a large reception area, a chapel and a spacious hall used for large scale events. The main catering kitchen, staff dining room and the hairdressing area are also located near the entrance.

The centre is set in spacious grounds and several areas around the units have been attractively cultivated and made secure to provide safe and interesting outdoor space for residents. A vegetable garden and recreation area had also been developed as part of intergenerational projects and community initiatives. There is car parking for staff and visitors at the front and side of the building.

Location

The centre is located in a residential area on the outskirts of Longford town and is approximately one kilometre from the town centre on the Dublin Road. It is in close proximity to local shops.

Date centre was first established: DAY/MONTH/YEAR	1840
Number of residents on the date of inspection	77
Number of vacancies on the date of inspection	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	40	18	10	9

Management structure

The service at St Joseph's Care Centre is provided by the Health Service Executive (HSE) and the nominated person on behalf of the HSE is Joseph Ruane, Area Manager.

The Person in Charge is Joan Brady. She is supported by two Assistant Directors of Nursing (ADON). This management team report to the General Manager, Dorothy Mangan who in turn reports to Joe Ruane. A team of six clinical nurse managers are responsible for supervising the delivery of care on the units. They are supported by a team of staff nurses, care assistants, catering staff, administrative and clerical staff and ancillary staff.

The service is supported by a multidisciplinary team of physiotherapists, occupational therapists, speech and language therapists and medical staff.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	*16	12	5	6	4	6**

*Nurses: This includes the assistant director of nursing and the clinical placement coordinator.

*Other staff: This includes a maintenance man and five other maintenance staff and a porter.

Summary of findings from this inspection

This announced registration inspection was the second inspection of this centre by the Health Information and Quality Authority's (the Authority) Social Service Inspectorate. The first inspection took place on 10 and 11 February 2010 and was an announced inspection. The provider had applied for registration under the Health Act, 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The registration inspection took place over three days and a further visit was undertaken on 12 May to view progress on the refurbishment of the Padre Pio unit.

The fit person self assessment had been completed by the person in charge in consultation with the staff team and provider. A number of areas for improvement had been identified and these included improvements to the environment such as the installation of call bells, skills development training for staff in areas such as responding to complaints and establishing more opportunities for residents to contribute their views on the quality of life in the centre.

During the registration inspection, separate fit person interviews were carried out with the provider and the person in charge. The assistant director of nursing who takes charge in the absence of the person in charge was also interviewed. Inspectors also reviewed the information provided in the registration application and supporting documents. The inspectors formed the view that the facility was well organised with a positive emphasis on person centred care. There were a number of examples where residents were able to choose a life style that suited them and their abilities. The inspectors found that residents had opportunities to follow their hobbies and interests, to visit family and to retain contact with the local community.

The centre had a welcoming atmosphere and was appropriately warm and comfortable. Inspectors were told by staff that the building presented enormous challenges for staff and residents as many of the facilities did not provide appropriate privacy or personal space. Accommodation in three units is provided mainly in multi occupancy rooms that have capacity for four or more residents, there was a lack of storage space for equipment and there was an absence of alert equipment such as call bells in bedroom areas. Efforts were being made to address the premises deficits. The Padre Pio unit was closed for extensive refurbishment and in other areas the numbers accommodated had been reduced significantly in response to staff shortfalls and to improve the allocation of private and communal space for residents.

There were equal challenges for residents who had to come to terms with communal living where space was at a premium. Care practice was aimed at providing "a safe therapeutic environment where privacy, dignity and confidentiality are respected" according to the centre's statement of purpose. Nursing and care staff were able to describe their roles and responsibilities and conveyed not only good knowledge of the residents in their care but good awareness of new developments in the care of older people.

They outlined how they implemented the person centred approach to care and described how they promoted choice and residents' rights in day to day practice. The inspectors were satisfied that residents' were well cared for and that practice was based on up to date models of care. Documentation such as care plans that outlined residents' needs was noted to be well organised and completed to a high standard providing good overviews of residents needs and the care provided day to day.

The inspectors found that there was sufficient numbers of staff on duty during the day and night to provide a good quality service to residents. Residents and relatives were complimentary of the services provided and described the care provided by staff in positive terms.

Staff in all units were observed to have regular contact with residents and all interactions observed by the inspectors were positive with staff demonstrating positive and caring attitudes and respect for people in their care. Despite the communal layout of bedrooms for example staff were observed to ensure the privacy and dignity of residents by diligently using the screens provided and by ensuring that they chatted to residents regularly during the day particularly those residents who were very frail and confined to bed for periods.

The Action Plan of the previous report identified 24 areas that needed attention to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These items were reviewed and inspectors found that 14 actions were fully complete and the remaining matters were receiving attention as part of the refurbishment programme. The provider and person in charge had made a decision to close and refurbish the Padre Pio unit where facilities had been inadequate in several respects. At this registration inspection there were further improvements to the premises identified. These included for example, redecoration of several areas in the main building including the area for residents who smoke in St. Teresa's, better provision of communal space, improved systems for concluding investigations conducted and the need to have a plan in place to bring the facility in line with the environmental standards outlined in the *National Quality Standards for Services for Older People in Ireland*.

Comments by residents and relatives

Residents and relatives provided information on their experiences of the service through feedback forms and in conversations with the inspectors. Comments were positive with varied aspects of the service being commended. Residents and relatives described staff as approachable, efficient and caring. They said that they were given appropriate information before admission and had the opportunity to visit or have periods of respite care at the centre before making a decision to move there. Relatives also said that they valued the commitment of staff to keeping them up to date on their relative's care and informing them when changes occurred. There was general appreciation for the range of activities on offer and for the special events such as parties and the fashion show that were organised regularly. Residents said that they had plenty to do and liked the way the activity programme was organised with different activities organised for each day.

Relatives considered the hospital to be a focal point in the community. One relative commented that they valued being able to visit regularly and said that they were able to take their relative out and keep them in contact with the local town, neighbours and friends. Relatives also said that the staff kept them informed about activities and events in the centre and said that communications in relation to changes in health status were timely and well informed.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The inspectors met with residents, relatives and staff during the inspection. They also observed practice in all units and reviewed a range of documentation that included care plans, medical records, accident reports, policies and procedures and staff files. Fit person interviews were carried out with the person in charge Joan Brady and the nominated provider on behalf of the HSE Joe Ruane, Area Manager. The assistant director of nursing who takes charge in Joan's absence, Gerardine Farrell was also interviewed.

All three demonstrated a good working knowledge and understanding of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The staff team was also well informed about the regulations and standards. There were copies available on all units and discussions on the standards and regulations had featured at staff meetings since their introduction. The inspector was told that a regional peer-review group had been established to conduct internal audits against *the National Quality Standards for Residential Care Settings for Older People in Ireland* to assess where the centre achieved compliance and to identify deficits. The standards that had been audited included medication management, documentation, routines and expectations, privacy and dignity and meals and mealtimes. There was evidence that improvements had been made to the delivery of the service following these audits, for example, a residents' committee had been established and an enhanced choice of meals was now provided to residents at mealtimes.

The fit person self assessment document was completed in advance of the inspection. This was reviewed by the inspectors along with the application to register and other supporting documentation. Documents provided were completed to a good standard and contained the required information.

The person in charge was a qualified general nurse who had completed the diploma in gerontology and who had many years experience in the direct care and in the management of services for older people. There was an organisational structure in place to support the person in charge and to ensure the effective operation of the service. The arrangements and reporting systems were known to staff and were described in the statement of purpose. The person in charge worked full-time and there were 2 assistant directors of nursing available on a full time basis to take charge in her absence. The person in charge and assistant directors of nursing provided an informal on call rota so that senior staff were available outside of normal working hours to ensure staff had access to support and advice if needed. Staff interviewed could describe their roles and responsibilities and confirmed that they had access to support and guidance from senior staff on a day to day basis.

Care practices observed by the inspectors throughout the inspection demonstrated the commitment of staff to providing a high standard of resident-centred care and confirmed that staff were using safe moving and handling procedures, appropriate infection control systems and good communication models. This was also evidenced by good quality information in care documentation and positive feedback from residents.

A risk register specific to the service was in place. The absence of risk assessment procedures had been identified for action in the last report. A range of risk situations and ways to reduce the hazards had been outlined. Examples of risks identified were the management of hospital acquired infections, potential risk to residents due to staff shortfalls, the hazard of medication errors due to poor prescription legibility, the lack of communal space in some areas and delays in assisting residents due to the lack of a call bell system in some units. The risk register was maintained on a data base and risks were identified at unit level and collated into the overall risk register document. Ways of reducing or eliminating hazards were outlined.

The person in charge had the support of a risk advisor and there was a safety statement specific to the centre and a safety management structure in place. Quality and safety meetings take place regularly and the inspector saw that the proceedings of the January meeting had included a discussion on the introduction of a visitors' record to monitor movements in and out of the centre and the management of legionella infection. Training had been provided for senior staff to enable them to identify risk and put suitable safety measures in place. Accidents and incidents were recorded in good detail and were reported to the Health Service Executive and appropriately notified to the Authority. There was an ongoing audit of falls that included factors such as activity and the time of the fall, the location and if the resident was orientated or confused. The findings were discussed at unit level and nursing staff said they altered individual care plans in response to fall patterns and reviewed care practices as preventative measures. Information was collated each month on indicators of quality of care and quality of life of residents in accordance with regulation 35. This included wound care problems, the number of urinary catheters in use, residents who experienced weight loss, the use of psychotropic medication, residents who experienced pain, residents who were frail and spent long periods in bed and complaints.

The inspectors examined the arrangements in place to manage emergency situations. There was an emergency plan that provided guidance for staff in a range of critical

situations such as loss of power, flooding, communications failure or outbreak of infectious illness.

An action plan to guide and inform staff of the actions to take should the building need to be evacuated was available. The telephone numbers of essential personnel including the communications staff for the HSE were available. A missing person's procedure to guide staff in such an event was in place. This was found to be comprehensive and included a residents' profile sheet containing essential information to assist staff. A missing person drill supplements the procedure and the last drill was noted to have taken place in August 2010.

There were arrangements in place for detecting, containing and extinguishing fires and documentary evidence confirmed that fire equipment including the emergency lighting was regularly serviced. All fire doors were easily identifiable and accessible. Fire exits were unobstructed when inspected.

The complaints procedure was on display. The person in charge who is the nominated person to manage complaints for the service said that in most cases problems were resolved within the centre. Residents and relatives told inspectors that they were aware of the procedures in place if they were dissatisfied with aspects of the care provided and felt comfortable approaching any member of staff with their concerns. Staff were also found to be knowledgeable about what to do in the event of a complaint. The clinical nurse managers maintain a record of complaints for their units. An action plan in the last report identified that changes were needed to the complaints procedure as it did not identify the appeals process, the timescales for investigating complaints or the process for providing feedback to the complainant. The HSE's Your Service, Your Say is the policy that guides staff in the management of complaints. Local procedures now identify the process for investigation and providing feedback to complainants. There was an arrangement for the independent overview of complaints required by regulation 39-Complaints in place.

The policies, procedures and practices relating to the management of residents' money, personal property and possessions were examined. These were found to be comprehensive and in accordance with the HSE policy on managing property and the finances of residents. Financial records showed that each transaction that took place was signed for and that an ongoing balance was maintained.

Public and employers liability insurance was provided by state indemnity insurance through the state claims agency.

Some improvements required

A signed contract that outlined the services to residents and fees to be charged was not available for all residents. The inspector was told that all residents had been issued with a contract however a high proportion had not been returned. The inspector was told that a revision of the contracts was being undertaken at national level and that new contracts were likely to be circulated.

Significant improvements required

The statement of purpose contained most of the required information but needed amendment to include:

- all the categories of care provided in the centre including care to people with dementia and mental health problems
- the qualifications and experience of the provider and person in charge
- the number of residents to be accommodated in accordance with recent decisions to reduce occupancy levels.

The inspector found that some improvements to fire safety were needed. Training records confirmed that staff attended regular fire safety and prevention training. Staff interviewed said that recent training on the use of fire evacuation sheets had been very helpful and had given them confidence in the use of this equipment. However, an examination of staff training records indicated that two staff had not had fire training since 2006 and five had not had training since 2007. The inspector also noted that no fire drill had taken place at night and there were few fire action signs on display throughout the units to guide and inform staff, residents or visitors of the procedure to follow if they discovered a fire situation. The required confirmation from a competent person that all the requirements of the statutory fire authority had been complied with was not available.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The aim of the service is to “provide a quality assured and equitable health service of excellence” according to the statement of purpose. Residents and relatives told inspectors that the quality of life and standards of care provided at St. Joseph’s were very good. Residents described being able to take part in activities, talk to staff when they wished and being able to have medical treatment that they needed. The inspectors observed a high level of positive interaction between staff and residents and between staff and visitors throughout the inspection. Staff took time to greet and talk to residents when they met on corridors and in communal areas and were observed to visit residents who spent long periods in bed regularly to enquire about their well being and offer them drinks.

Residents described their lives in the centre as being comfortable and made better by the attention of staff. They described receiving good care from pleasant staff who made them feel valued. Inspectors were told that staff accommodated their needs and wishes and said that they could decide when they wanted to get up and go to bed as well as having choices about meals and how they spent their day. One resident said the “the staff are attentive, help us in every way and even give us breakfast in bed”.

The quality of meals and the catering service received many positive comments from residents and relatives. There was a menu in place that rotated over a three week period. The variety, quality and presentation of meals were noted to be very good. Residents said they had a choice at mealtimes and that staff provided alternatives if they did not feel like eating a large meal or did not like the choices on offer. The food was served hot, was attractively presented and had a good nutritional balance. Several aspects of good practice were noted. Staff encouraged residents who were restless by engaging them in conversation and by ensuring that they had plenty of time to have their meals. Residents who were unable to eat independently were appropriately assisted. The inspector was told that in addition to the regular meals there were snacks offered during the morning and afternoon so that where there were concerns about food intake staff had supplementary foods readily available. The chef told the inspector that variations to the menu are introduced and that dishes favoured by residents are repeated to ensure the menu remains interesting and varied.

Residents were enabled to contribute their views on the service through residents' association meetings. These took place approximately three times a year and were targeted around specific events such as Christmas and St. Patrick's day. This gave residents an opportunity to discuss how they wished to celebrate significant events and plan associated outings for example, at a recent meeting some residents had been able to plan to attend the local St. Patrick's day parade in town. The inspector was told that issues discussed at these meetings had informed practice at the centre. One area of change had been the arrangements at mealtimes. Residents had requested more privacy at mealtimes and visiting was now restricted in response to residents' wishes except where relatives wished to assist residents with their meals.

Mass was said daily in the chapel and Sunday mass was broadcast via intercom/televisions to the units for residents unable to attend. Clergy from a range of denominations attended residents on a regular basis. All residents were registered to vote and had postal votes for the general election.

A good range of activities were provided which included arts and crafts, cookery, music sessions, gardening, quizzes and bingo. The activity schedule is coordinated by a multitask worker attached to the occupational therapy department. Several staff on units were noted to assist with providing activities either by prompting participation or by supporting the activity organiser. Staff responsible for activities had received specialist training in art and drama, the Sonas approach and other training provided by the Age and Opportunity organisation. Residents confirmed that they could choose to attend activities or to spend time doing something else. The inspector saw two activity sessions in progress. Pancakes were being made on a portable stove in St. Teresa's during the afternoon. This was used to discuss the varied personal ways of making pancakes and favourite flavourings. Residents were observed to respond well and there was an animated discussion carried on through out the session. Another activity was observed in the Lodge. This focused on a discussion about Ash Wednesday and what people did to mark that day. The discussion was facilitated very well and residents were able to participate and share their experiences of fasting and going to church. Trips to local shops were arranged for residents and where assistance was needed residents were accompanied. Links with the local community were well established. Staff were aware of local events and reminded residents when plays and concerts were taking place. A resident told the inspector he hoped to attend a seminar in town one evening. The inspectors formed the view that residents were facilitated to attain their full potential and maximum level of independence.

Activity staff said that there was good information available on residents' backgrounds and interests as a "key to me" document had been completed. This provided background details on residents' lifestyles before admission and described current likes and dislikes which assisted in the organisation of the activity schedule, enhanced the provision of person centred care and ensured that activities could be planned in accordance with residents' needs and abilities.

Residents had the opportunity to purchase items for themselves as a small shop was available in the reception area and magazines, papers, toiletries and confectionary were available.

The inspectors found that personal clothing was laundered effectively and protected against loss and damage. Clothing belonging to residents was individually labelled to prevent loss and the inspectors were told that items rarely went missing.

Inspectors found that measures were in place to protect residents from being harmed or suffering abuse. There was a detailed elder abuse policy in place to guide and inform the actions of staff and training sessions were noted to take place regularly.

There was a well informed system in place for the management of restraint measures in use such as bedrails. The new HSE policy on restraint had been introduced in August 2010. The person in charge said that there was a commitment to having a restraint free environment in place and those efforts were being made to reduce bed rail use. A record of all restraint measures was maintained on each unit. The record outlined the measures were in place, the reason for the restraint and the risk assessment undertaken. The use of restraint was based on a consensus judgement from the professionals involved and there was information indicating that the measure was in the best interest of the resident and the least restrictive option available to maintain safety. The inspector was told that two nurses were due to attend the Train the Trainer programme to ensure effective implementation of the new policy and also that new risk assessment forms were to be introduced to help identify risk factors such as entrapment more clearly.

Significant improvements required

A notification of abuse made to the Authority in December 2010 was still under investigation and had not been concluded although the information available indicated that the allegation was not substantiated. The inspector was concerned about the delay in concluding this matter and the absence of a concluding report indicating the actions taken and outcome. An action plan in this report requires that a report on the findings and conclusion of this matter is provided to the Authority.

The training record indicated that while the majority of staff had received training and information on identifying and responding to elder abuse that not all staff were recorded as having information or guidance on elder abuse. The record of staff trained did not convey that all staff had attended training on Trust in Care – the HSE policy on abuse.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The inspectors examined care records, medication arrangements and clinical policies and procedures. They also talked to nurses, clinical nurse managers and residents and relatives to assess how the service met healthcare needs and the statutory requirements for healthcare. The inspectors found that the dependency level of residents throughout the centre was significantly high. Of the 77 residents accommodated 75% had been assessed as having maximum or high dependency care needs. Many residents were noted to have complex conditions and multiple healthcare problems. A significant proportion of residents had dementia care needs or enduring mental health problems. The staff teams in all units were knowledgeable about residents care needs and were well informed about up to date practice pertinent to the conditions they were assessing and treating.

The overall standard of care planning was found to be satisfactory and inspectors noted that detailed assessments based on evidence based practice tools had been undertaken for all residents and that these assessments were up to date. Risk assessments were in place for falls prevention, nutrition, mobility, weight management and skin integrity. Care plans reviewed confirmed that assessment information was used to inform care plans and outline the required staff actions. All assessment documents were noted to be fully complete. There was a regular review system in place and inspectors noted that reviews were undertaken at three-monthly intervals or more frequently if residents' needs change. At the last inspection an action plan had identified the need for staff to know the dependency level of residents and since then the St. Joseph's Dependency Tool was developed. This incorporates the Barthel index, the Clifton Assessment Procedure and the dependency rating scale used by the Department of Health and Children (2005) This had enabled staff to have an overview of the dependency needs of residents in each unit.

There was evidence that residents were consulted and contributed to their care plans and that relatives were also involved in care planning and reviews. There was a section on the review document where residents' contributions could be recorded and the inspector saw comments in two care plans examined indicating that residents were pleased with their care and their environment and did not want any changes made. The inspector also found that the preferences of residents and the input and views of relatives were recorded and taken into account when compiling care plans.

A relative told an inspector that she is always consulted and made to feel her contribution is necessary and valued. The daily records completed gave a good overview of the physical and social care provided and any changes in circumstances.

An inspector observed the administration of medications which was carried out in accordance with professional guidelines. Nurses conveyed good knowledge on the medications in use and ensuring that each resident received their prescribed medicines. A clinical nurse manager had completed the nurse-prescribing course, which extended the treatment options available to residents.

Health promotion was a strong feature of practice. There was regular monitoring of weight, blood pressure, urinalysis and blood screening to identify change and to ensure that problems were addressed expediently. Residents were encouraged to have adequate fluids and a selection of squash, water and fruit juices were readily available in sitting rooms and on bedside cabinets. Staff were observed encouraging residents to drink at mealtimes and at intervals throughout the day.

Wound care problems were managed well and in accordance with good practice standards. Nine wound care problems were being monitored and five were receiving active attention. All had been notified to the Authority. The inspector viewed the records of two wound care problems on St. Teresa's. These were found to have been comprehensively addressed. The wound care plan described the interventions and dressings that were in use. There were also clear photographs and measurements that chronicled changes in the wounds. Appropriate pressure relief equipment was identified and in use. Tissue viability audits had been carried out monthly since 2009. The last audit included all units and covered the period from September 2010 to February 2011. The outcomes from this had been used to inform care practices. Residents who were vulnerable to pressure area problems were assessed and specialist advice was sought and specialist pressure relieving equipment was procured where needed according to records examined.

There was evidence that multi-disciplinary working arrangements were in place with the regular input from medical staff, speech and language therapists, dieticians, physiotherapists and occupational therapists recorded in care records. The inspector found that there was very good inter-professional practice and high care standards in place for example for end of life care. The centre participated in the end of life project promoted by the Hospice Friendly Hospitals initiative. A comprehensive care pathway based on the Liverpool Care Pathway was in place to guide staff and this was supported by a centre specific policy and procedure for end of life care. The local palliative care team was based on the hospital site and worked closely with staff to provide quality standards for end of life care. The team also booked the designated palliative care places as required. Nursing staff had received training in the use of a new pump syringe drivers and ongoing training on the use of the care pathway was scheduled for staff to ensure the high standard in place was maintained. There was also well-established contacts with the specialist mental health services who were accessible if needed to review residents care needs and advise on treatment options.

Inspectors noted that the centre provided care to residents with a range of complex medical conditions and there was a variety of specialist beds, pressure relieving mattresses, hoists, and nebulizers available.

Inspectors were told by staff that when other items were needed they were made available by the person in charge and provider.

A team-based approach had been adopted and dedicated staff were allocated to provide care to identified groups of patients. A named nurse system was in place for care planning and inspectors were told this model improved the continuity of care to residents.

Staff were observed to adhere to good practice standards for infection control and used hand gels diligently when moving around the units. There was an emergency pack strategically located in all units and all staff including carers had completed essential life support training.

Some improvements required

The inspector noted that there were many residents with dementia care needs. There was an assessment tool in place to identify levels of cognitive impairment- The Clifton Assessment Procedures for the Elderly and while this was completed well and provided an indicator of long or short term memory problems there was little information available in care records to inform staff on residents' abilities or how dementia and memory loss impacted on their daily lives. There was for example no information about what ability residents still had that could be supported and encouraged. The inspector concluded that improvements to the identification of dementia care problems were needed to provide quality dementia care.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Inspectors viewed the three units that accommodated residents at the time of the inspection. The Padre Pio unit was closed and undergoing refurbishment. A subsequent visit to the centre on the 12 May found that the refurbishment of this area was almost complete with the layout of the en suite areas being finalised to ensure maximum accessibility. The number of residents to be accommodated here will be 25. The inspector found that communal space allocated for sitting and dining purposes totalled 90 square metres providing just over 4 square metres per resident which is in accordance with the recommended communal space allocation outlined in the standards. Associated storage, a smoking area, sluice, office areas and treatment area will also be provided.

It was not possible to formulate an overview of the final layout of the units in the main building or the allocation of private and communal space for residents due to the work in progress. The move of residents from Padre Pio to facilitate the work required meant that in particular St. Teresa's unit accommodated more residents than is planned for long term. The arrangements in the Lodge were to remain unchanged. The provider and person in charge were aware of the deficits in the building and had a plan in place to address these and to ensure that the facilities were appropriate to meet the needs of residents.

The kitchen, laundry facilities and other communal areas regularly used by residents such as the chapel and the library were inspected. The standard of furnishings, fittings and fixtures was good and had been maintained in a satisfactory condition. Hygiene standards were also noted to be good and inspectors observed staff working safely and in line with best practice standards for health and safety.

Although the age and layout of the building presented significant challenges, the centre provided a warm welcoming environment for residents. A very spacious reception area near the entrance had a leather couch and chairs where residents and visitors could sit in comfort. The area was further enhanced by an exhibition of residents' art work on display that provided a focal point of interest. There was also a large library area with a supply of books and computer access. Large notice boards strategically located displayed information about the centre.

Corridors throughout the centre were wide with handrails on both walls to assist residents walking. Bathrooms and toilets throughout also had handrails in place. A good range of assistive equipment was available to promote mobility and maximise independence. Good infection prevention and control measures were in place. Cleaners were available throughout the day and a good standard of cleanliness was evident.

The sitting / dining areas were pleasantly decorated and comfortable with a good variety of seating, televisions and pictures on display. There was a supply of drinks accessible to residents in all communal areas. All residents had a locker and wardrobe near their beds for clothing and personal possessions. Curtains between beds provided privacy in multiple occupancy rooms.

There were a number of developments in place that had improved the environment for residents. In St. Teresa's, the garden area outside the unit had been attractively cultivated and made secure and provided an interesting outlook and safe outdoor space for residents.

The Lodge had a very comfortable domestic environment with many home like features such as fireplaces in sitting rooms and a range of seating appropriate to residents' needs. There were wall murals that had been completed by an artist in residence depicting the streets of Longford on one wall that provided colour and interest for residents. Sitting rooms here had attractive fireplaces and the inspector was told that residents had contributed their views on the design of the fire places selected. Other features that contributed to the home like environment were displays of photographs, framed pictures that had been made by residents, lamps and mirrors. This unit accommodates 25 residents in seven double rooms and 11 single rooms one of which has an en suite facility. When measured, the room sizes provided space in line with the space allocations outlined in the standards. Single rooms measured between 10 and 11 square metres and double rooms measured approximately 18 square metres. There was adequate provision of toilets and shower/bath facilities for the number of residents accommodated. There were five toilets, two bathrooms and two showers available. There was a wash-hand basin accessibly located in the shared rooms. A call bell system was available in Sunset Lodge but not in Autumn Lodge. There was sufficient communal and dining space for all residents to sit and dine in comfort and residents had a choice of two sitting areas.

Significant improvements required

Multi-occupancy rooms:

Residents were cared for in multiple occupancy rooms in both St. Teresa's and Our Lady's units. The number of residents accommodated in each unit was due to be reduced when the refurbishment of Padre Pio was complete and residents previously accommodated there moved back.

The space available in multiple occupancy rooms meant that residents did not have adequate personal space, adequate privacy and were unable to personalise their space in a meaningful way. St Teresa's provided accommodation for 33 residents in two single rooms and in multiple occupancy rooms that accommodated four residents.

In one area there was eight residents accommodated. The provision of toilets and showers was adequate with a ratio of five showers and 8 toilets available which met the standard specification of one toilet available for every six residents and one assisted bath or shower facility for every 11 residents. In Our Lady's residents were also accommodated in multiple occupancy rooms. There were four rooms that accommodated four residents each. Each bedroom area had an en suite toilet and wash-hand basin. However, the facilities were inadequate as there was only one wash-hand basin for four residents which does not meet the standard specification of one wash-hand basin for every two residents. Shower facilities in this unit were also inadequate for the number accommodated.

There was a single room with an en suite facility of toilet, shower and wash-hand basin here which was designated for palliative and end of life care. It was comfortably furnished and in regular use.

There were a number of other environmental issues identified that needed attention:

- there were no call bells near residents' beds or in communal areas
- there was no designated internal smoking area in Our Lady's and residents had to use the balcony area or garden. In St. Teresa's the smoking area needed refurbishment, decoration and better ventilation
- there were inadequate facilities in some areas for cleaning staff. Wash hand basins and storage facilities were not available. There was a general lack of storage space throughout the building for equipment such as hoists, wheelchairs and other mobility aids
- there were inadequate facilities for storage of clinical equipment such as dressing trolleys
- the temperature of hot water was not controlled by thermostatic mixer valves
- several areas needed decoration as paintwork was damaged
- shower heads had been removed to address the management of legionella bacteria. However, the inspector found that they had not been replaced for a considerable period of time causing inconvenience to residents.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors found there were good practices in place that underpinned communication between staff and between residents and staff that empowered and enabled them to be involved in decision-making. A policy on communication was available to guide staff and ensure that each resident was encouraged and supported to communicate their needs.

Regular management, staff and resident meetings took place. A sample of minutes from recent staff meetings was reviewed by inspectors who noted that improving the quality of care to comply with legislation and to meet residents' needs was a constant theme. Staff meetings had focused on the up coming inspection, the use of ski sheets on residents' beds to aid evacuation in an emergency and the end of life care policy.

The handovers that took place each day were used to discuss issues relevant to the care of residents, the operation of each unit and significant events. Staff told inspectors that the meetings were valuable in providing continuity of care. In St Theresa's ward, staff recorded the handover so that it could be referred to during the day or listened to by staff coming on duty later which further promoted communication between staff.

Communication between different disciplines was noted to be good with records of referrals for expert opinions sought, recorded and actioned. The person in charge had regular meetings with senior HSE managers. Varied networks had been established to address health and safety matters, risk management and budget control. In discussion with inspectors, staff in all areas conveyed that they understood their duties and their roles as part of the staff team. All staff were aware of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and were particularly aware of the commitment to protect vulnerable people. Copies of the Care and Welfare regulations and the standards were available in all units and staff confirmed that they had attended information sessions on the role of the Authority and the new inspection system.

The policies and procedures required by the regulations were in place. Inspectors reviewed the policies and found that they were well researched, reflected the arrangements of the centre and could clearly guide practice.

The clinical practice coordinator responsible for student nurse and other clinical placements had a lead role in developing policies and procedures with the staff team and it was her responsibility to ensure that they were revised and updated as required. There was a process in place to ensure staff were familiar with policies introduced. Ward managers discussed policies at ward meetings and handovers, the policies were displayed on staff notice boards for 2 weeks and staff signed to indicate they had read the documents.

Notice boards throughout the centre displayed information for residents and staff on a range of topics that included activities, menu choices, staff on duty and forthcoming events at the centre and in the local community. Suggestion boxes had been made available as an additional method of collecting feedback on the quality of the service.

Information relating to residents was maintained and organised well and was stored securely in each unit office. In the Lodge residents' care plans were located in their rooms. Locked cabinets had been provided to ensure security and confidentiality. There was good attention paid to preserving confidentiality and the inspectors noted that staff spent time talking privately to residents and ensured that relatives were given time to talk when needed.

The inspectors noted that there was a supply of newspapers both local and national available in sitting rooms. Residents were observed reading the papers and talking about the news.

Some improvements required

The directory of residents was maintained and was noted to be up to date and contained required information with the exception of the name and details of any funding authority responsible for residents' placements.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Staff described a good team spirit between all grades of staff and said that they felt well supported by the management structure. They described their commitment to providing a good quality service that was valued by local people. The inspectors talked to clinical nurse managers, nurses, care, catering and ancillary staff. The clinical nurse managers on each unit had accountability for managing their units, maintaining training records for staff, compiling the duty rota and maintaining records of complaints and accidents. All staff conveyed a high level of motivation and a commitment to providing a quality service to residents.

Observation of care practices during the inspection and discussion with staff and residents confirmed that staff were on duty in sufficient numbers and with the necessary skills and competencies to meet the needs of the residents. Residents and relatives said that in their experience there were adequate numbers of staff on duty to provide care for residents during the day and night. The inspectors noted that while staff were busy they were able to respond to requests for help from residents expediently and there were staff available in sitting rooms and other communal areas during the day.

The staff duty rota was reviewed by inspectors. Rotas were planned in advance and any changes made because of sickness or other absences were recorded. Appropriate numbers of nursing and care staff were on duty during the day and at night. Although agency staff were sometimes used this was kept to a minimum the person in charge told inspectors.

The centre benefitted from having the designated Clinical Placement Coordinator post whose role involved assisting with the coordination of student nurse training but who was also involved in practice development for staff. She provided a monthly list of the courses available and identified what was mandatory training for staff. The inspectors found that the staff team were highly skilled and attended regular updates and courses on clinical topics. There were comprehensive records of staff training that confirmed that staff had training on challenging behaviour such as violence and aggression, the HSE policy Trust in care, end of life care, the use of artificial feeding systems as well as the mandatory topics of moving and handling, elder abuse and fire safety.

Updates on varied topics were provided during afternoon periods when staff could be released from the units. Inspectors found that induction packs were available for student nurses who have regular placements in the centre.

The person in charge maintained a record of An Bord Altranais registration for all nurses who worked in the centre. This was reviewed by inspectors and found to be up to date. The recruitment of staff was carried out in accordance with the Health Service Executive national policies and procedures for recruitment.

Some improvements required

Staff personnel files contained most of the required documentation in accordance with schedule 2 records but full employment histories and a complete record of qualifications was not available.

Closing the visit

At the close of the inspection visit a feedback meeting was held with , person in charge, assistant directors of nursing and clinical nurse managers and staff to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report complied by:

Geraldine Jolley
 Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

July 18 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
10/11 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report*

Centre:	St Joseph's Care Centre
Centre ID:	0466
Date of inspection:	8, 9 and 10 March 2011 and 12 May 2011
Date of response:	15 August 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:

Staff training records indicated that two staff had not had fire training since 2006 and five had not had training since 2007. No fire drill had taken place at night and there were few fire action signs on display to guide and inform staff, residents or visitors of the procedure to follow if they discovered a fire situation.

Confirmation from a competent person that all the requirements of the statutory fire authority were in place with was not available.

Action required:

Provide suitable training for all staff in fire prevention and maintain an up to date record of all fire training.

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

Action required:	
Provide to the Chief Inspector of Social Services, together with the application for registration written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
Action required:	
Display the procedures to be followed in the event of fire in a prominent place in the designated centre.	
Reference:	
Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Action 1. Up to date fire training record available in the Fire Register reflect that all staff are up to date (see appendix 1). On investigation we realised that there was not systems in place for the transfer of information from fire register training section to the database.</p> <p>However we will amend our training database and put systems in place to ensure that this up to date information is now also recorded in training data base</p> <p>Action 2. Works are currently in progress on site to satisfy all statutory fire authority requirements.</p> <p>Action 3. procedures to be followed in the event of fire in a prominent place in the designated centre have now been displayed</p>	<p>31 August 2011</p> <p>November 2011</p> <p>Complete 26 April 2011</p>

2. The provider has failed to comply with a regulatory requirement in the following respect:

A notification of abuse made to the Authority in December 2010 was under investigation and no report on the conclusion of the investigation although the information available indicated that the allegation was not substantiated.

Training records maintained did not convey that all staff had training/information on elder abuse on the prevention, detection and response to abuse.

Action required:	
Take appropriate action in accordance with the centre's policies and procedures for the prevention, detection and response to abuse.	
Action required:	
Provide a report to the Authority on the investigation and outcome of the incident reported in December 2010.	
Action required:	
Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Action 1 All appropriate actions will be in accordance with the centre's policies and procedures for the prevention, detection and response to abuse.</p> <p>Action 2 A report dated 30 December 2010 was submitted in order to update the Authority. The outcome of the Garda investigation was a significant factor directly related to the delay in completing the investigation. In order to ensure there would be no contamination of evidence, the internal investigation had to await the outcome of the Garda investigation. However the Garda investigation has since concluded that there is no case to answer (see appendix 2)</p> <p>A Trust in Care investigation is nearing completion and a copy will be issued to HIQA once it is received.</p> <p>Action 3 St Joseph's currently has a 2 part Elder Abuse Training Programme. Part 1 is the HSE DVD Recognising and Responding to Elder Abuse in Residential Care Settings and Discussion. Part 2 is the legal aspects (2.5hr session) facilitated by the designated officer for elder abuse Dublin Mid Leinster region / senior social worker for elder abuse.</p>	<p>Ongoing</p> <p>Internal roll out ongoing</p>

Our aim is to ensure that all staff employed and any HSE staff or identified others that may be in contact with our residents in St Joseph's in the course of their work has attended training in elder abuse awareness.	December 2011
Training in Trust in Care Policy has been requested for September Nursing Management will make this training a priority to implement.	Ongoing

3.The provider has failed to comply with a regulatory requirement in the following respect:

The following premises matters were found to need attention:

- there was a general lack of storage space throughout the building for equipment such as hoists, wheelchairs and other mobility aids
- there was inadequate space for storage of clinical equipment such as dressing trolleys and materials
- many bedrooms accommodated more than two residents
- there were inadequate facilities in some areas for cleaning staff. Wash hand basins and storage facilities were not available
- there was insufficient sitting and dining space to accommodate all residents in comfort in Our Lady's and in St. Teresa's unit
- there were no call bells near residents' beds or in communal areas in St. Teresa's or in Our Lady's
- there were several areas in both units where paintwork and pipe work was damaged
- Our Lady's unit did not have adequate showers or baths for the number of residents accommodated.

Action required:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Action required:

Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

Action required:

Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

Action required:

Keep all parts of the designated centre clean and suitably decorated.

Reference: Health Act, 2007 Regulation 19: Premises Standard 24: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Action 1 In order to deal with the Legionella problem, an independent mechanical engineering consultant has been appointed to survey all the care centre's pipe work, diagnose problem, prepare contract documentation for appointment of contractor to complete works required. The showerheads will be reinstalled once these works are complete	March 2012 latest date for completion

5. The provider has failed to comply with a regulatory requirement in the following respect: The temperature of hot water was not controlled by thermostatic mixer valves.	
Action required: Provide a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 24: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Action 1 Installation of thermostatic control valves or other suitable anti-scalding protection on all hot and cold water supplies will be progressed as part of works detail in number 4 above	January 2012, latest date for completion

6. The person in charge has failed to comply with a regulatory requirement in the following respect:

The directory of residents was maintained and was noted to be up to date and contained required information with the exception of the name and details of any funding authority responsible for residents' placements.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Reference:

Health Act, 2007
 Regulation 23: Directory of Residents
 Standard 32: Register and Residents Records

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

Timescale:

Provider's response:

Action 1

The directory of residents has been amended to include funding authority responsible for resident's placements and this will be ongoing.

Completed

7. The provider has failed to comply with a regulatory requirement in the following respect:

Staff personnel files contained most to of the required documentation in accordance with schedule 2 records but full employment histories and a complete record of qualifications was not available. The inspector was told that this information was available but was held by the central human resources department.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Action required:

Have the required schedule 2 records available for inspection.

Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Action 1/ Action 2 Personnel files of all permanent staff are in file in the central HR office in Tullamore. I understand in relation to personnel files of staff, there is an agreement in place with the HSE and the Authority in that the Authority will identify specific files that they wish to inspect and the HR Department in Tullamore will make them available for inspection. This is in order to comply with Data Protection Procedures.	Complete

8. The provider has failed to comply with a regulatory requirement in the following respect: The statement of purpose contained most of the required information but needed amendment to include all the categories of care provided in the centre including care to people with dementia and mental health problems, the qualifications and experience of the person in charge and the provider and the number of residents to be accommodated.
Action required: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Action required: Make a copy of the statement of purpose available to the Chief Inspector of Social Services.
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Action 1 On the re opening of Padre Pio unit, our Statement of purpose will be reviewed and amended to ensure that it consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p> <p>Action 2 An amended Statement of purpose will be made available to the Chief Inspector of Social Services.</p>	<p>October 2011</p> <p>October 2011</p>

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A signed contract that outlined the services to residents and fees to be charged was not available for all residents.</p>	
<p>Action required:</p> <p>Agree a contract with each resident within one month of admission to the designated centre.</p>	
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/ Statement of Terms and Conditions</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Action 1 We currently are not taking any new admissions however all future admissions will have a contract agreed within one month of admission to St Joseph's Care Centre.</p>	<p>Dependent on next new admission to St Joseph's</p>

<p>Action 2 The existing national contract of care (this is currently under review nationally) was circulated to all residents. We acknowledge however that not all contracts have been returned. It has been agreed to issue all residents or their significant other with a reminder letter requesting a return of the contract of care document and this will be followed up by the CNM's on each unit. This will also be placed on the agenda for future residents meeting. Our current contract of care is to be amended pending agreement on national document and ensure it includes details of the services to be provided for that resident and the fees to be charged.</p>	<p>August 31 / ongoing</p> <p>August 31</p>
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Any comments the provider may wish to make:

Provider's response:

The management and staff of St Joseph's are committed to proactively striving towards promoting high quality care for all our residents.

We acknowledge the dedication of all our staff in the promotion of a person centred approach to care in the centre and that this involves aiming to achieve and meet the standards outlined in the Authority standards (2009) and the Health Act 2007.

We welcome the changes that will directly impact on the quality of life for our residents with the impending re opening of Padre Pio following refurbishment. This will offer a further opportunity to improve facilities for our residents.

We would also like to acknowledge the role of the Authority inspectors and how the inspection was conducted with open transparency. We acknowledge that the Authority inspections can contribute to the quality of care and service delivery for our residents in St Joseph's Care Centre.

Provider's name: Health Service Executive

Date: 15 August 2011