

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	175
<b>Centre Address:</b>	Lurgan Glebe
	Virginia
	Co. Cavan
<b>Telephone number:</b>	049-8547012
<b>Fax number:</b>	049-8549809
<b>Email address:</b>	<a href="mailto:stjohnsstjosephs@eircom.net">stjohnsstjosephs@eircom.net</a>
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	Masonic Havens Ltd
<b>Person in charge:</b>	Stephanie Dawn Mc Lean
<b>Date of inspection:</b>	18 and 19 April 2011
<b>Time inspection took place:</b>	<b>Day 1 Start:</b> 11:30 hrs <b>Completion:</b> 19:00 hrs <b>Day 2 Start:</b> 09:00 hrs <b>Completion:</b> 17:20 hrs
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Siobhan Kennedy
<b>Type of inspection:</b>	<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](http://www.hiqa.ie).

## About the centre

### Description of services and premises

St Joseph's Nursing Home is a registered nursing home for 44 residents that primarily provides care for male and female residents over 65 years of age including those with dementia. At the time of this inspection, there were two residents under 65 years of age with a physical and intellectual disability.

Admissions to St Joseph's nursing Home are arranged by appointment following a pre-admission assessment to be undertaken by the person in charge or deputy to ensure all the necessary equipment, knowledge and competencies are available to meet residents' needs.

Resident accommodation and facilities are located on the ground, first and second floor. The premise has undergone significant environmental and structural changes and has been upgraded in line with the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Resident facilities have been enhanced with a new extension with bedroom accommodation increased by eight. The centre can accommodate up to 52 residents in 37 bedrooms which is located over three floors as follows:

#### Ground Floor (eight bedrooms)

- four twin bedrooms with en suite shower facilities
- one three bedded room with an en suite shower facility
- three single bedrooms with wash-hand basin facilities

#### First Floor (22 bedrooms)

- eight twin bedrooms (five with en suite shower facilities and three with wash-hand basins facilities)
- 14 single bedrooms (three with en suite shower facilities, one with an en suite toilet and 10 with wash-hand basin facilities)

#### Second Floor (seven bedrooms)

- one twin bedroom with en suite shower facility
- six single bedrooms (two with en suite shower facilities and four with en suite toilet facilities)

A total of and eight toilets (six assistive) are available over three floors, one on the second floor, three on the first and five on the ground floor. Four assisted bathrooms are available, with one located on the ground and second floor and two on the first floor. These communal facilities are in close proximity to residents rooms.

A lift services all floors, in addition to stairs. On the ground floor the centre has one main kitchen where food is stored, prepared and cooked and which is located next to

the dining room. Two sitting rooms, a smoking room, nursing and administration offices are also included on the ground floor. Communal rooms were home-like in character by way of décor and furnishings.

Facilities in the new extension areas include a new main entrance lobby, a treatment room, offices, a prayer room, a quiet room, a hairdressers room, an assisted bathroom and toilet a visitors room, storage room, staff changing facilities cleaning store and sluice facilities. A laundry facility is located on site and separated from the centre by a key coded door.

While the extension and modifications to the existing building was complete, further internal improvements and refurbishment identified by the provider were to be addressed. External improvements were also to be carried out in the courtyard, garden, patio areas and path to the lake. The sitting rooms and bedrooms overlook an attractive lake to the rear of the centre and extensive views of the countryside. A retirement village is located in the grounds. Community facilities in the village and functions are shared with residents on occasions.

**Location**

The centre is located in Lurgan Glebe, a rural setting on the Oldcastle road approximately three kilometers from Virginia town in County Cavan.

<b>Date centre was first established:</b>	1967
<b>Number of residents on the date of inspection</b>	38
<b>Number of vacancies on the date of inspection</b>	6 (plus 8 in new application)

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	21	10	7

**Management structure**

Richard Graves is the nominated person on behalf of the board and provider Masonic Havens LTD who are responsible for the centre.

The recently appointed Person in Charge, Stephanie Dawn Mc Lean, reports to the board of directors via Mr Graves. She has worked in the centre as deputy to the previous person in charge and as a staff nurse for up to 13 years. She has a support team consisting of a deputy, staff nurses, care staff, activity coordinator, cleaning, catering and administrative staff who all report to her. Maintenance personnel report to provider and board of directors.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	3 (includes deputy)	7	3	4	2	2 *

\*Provider and maintenance person/director

## Summary of findings from this inspection

This was an announced registration inspection which took place over two days. As part of the registration process, the provider has to satisfy the Chief Inspector of Social Services that he/she is 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). As part of the application for registration, the provider was requested to submit relevant documentation to the Authority including completion of the Fit Person Self Assessment document. The documentation was reviewed by inspectors to inform the inspection process. In order to assess the fitness of the provider and the person in charge, "fit person" interviews were held with the nominated person on behalf of the provider, the person in charge and her deputy.

The inspection methodology included discussions with residents, relatives, the provider, the person in charge, nursing, caring, activity personnel and catering staff, observation of care practices and examination of records and the premises.

The provider and person in charge had good knowledge 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*. Copies of these documents were available at the centre and communicated to staff.

Since completing the fit person self assessment, a number of initiatives had been taken to improve services. These primarily related to environmental improvements, involving residents more fully in the running of the centre, reviewing residents' care plans and creating more opportunities for person-centred activities.

The overall views of residents and relatives were satisfactory. They were positive in their comments about the facilities provided, specifically mentioning the premises, cleanliness of the environment, the opportunities to be involved in stimulating activities and the catering and laundry services. Inspectors observed staff interacting well with residents and relatives.

The provider had applied for registration for 52 residents and at the time of inspection, there were 38 residents in the centre. With the exception of two, all other residents were over 65 years of age.

In general, inspectors found a good standard in the provision of facilities and services and the quality of care. The findings were that the provider and person in charge were working towards substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, some areas required improvement and related to the statement of purpose, fire safety, and refurbishment of parts of the existing premises, evaluation and involvement of residents in care plans, insurance cover, medication management and recruitment in accordance with the regulations.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

### **Comments by residents and relatives**

Pre-inspection questionnaires eliciting information about the centre and quality of the provision of services were completed by 31 residents and 18 relatives. In addition, inspectors spoke with residents and relatives during the inspection. Overall the views and opinions expressed were positive.

Residents who expressed an opinion reported that they were well cared for and considered that the new developments to the centre had greatly improved the environment. Many commented that it felt like home in many ways and they enjoyed the company of others who were generally from the locality or surrounding area. Residents were pleased to have the centre within their local area and felt that it enabled their family and visitors to call often.

There was general agreement among residents that they had sufficient opportunities for social and recreational activities. In the main, residents told inspectors that they had a choice about how they lived, were happy to talk to staff about concerns and would talk to the person in charge, family or key worker if they had significant issues to discuss.



## 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 company Masonic Havens Ltd is the provider for this centre and is made up of a board of seven directors/governors who have appointed Richard Graves as the nominated representative on behalf of the company. Richard Graves told inspectors that he reported to the board and that they meet regularly to discuss matters arising and review service provision and resources. The centre was well organised and managed. The provider and person in charge demonstrated that they had good knowledge 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*. The provider told inspectors that he visited the centre twice a week and he said that there were sufficient arrangements in place to respond to requirements that require significant expenditure and indeed substantial work had been carried out in the past year to extend and improve the care facilities.

The person in charge is a registered general nurse and has worked in this centre for 13 years as a staff nurse and deputy to the person in charge. She has developed her knowledge and skills of working with older people and dependent persons and to further her own professional development, she plans to avail of training opportunities in areas such as management and gerontology to support her role. Together with the staff team, the provider and person in charge demonstrated that the centre was well organised with systems in place to manage risks. The Authority received a plan outlining how management propose to staff the centre for 52 residents following the registration of the new extension which provides for an additional eight residents. Additional staffing resources are included in this plan which will be further reviewed once registered. A human resource consultant has supported the management team in areas of staff recruitment, appraisal, policy and professional development guidelines.

There were appropriate arrangements made for each resident to receive visitors. A record of visitors had been maintained in the centre. There were a variety of areas where residents met visitors; for example, in any of the communal sitting areas, the visitors' room or in residents' own bedrooms.

Documentation referred to as the directory of residents had been maintained and was seen to have been completed in accordance with the relevant legislations.

There was a health and safety statement which was reviewed during an audit 14 April 2011, the audit identified the need to update this following the completion of works. There was a written operational policy and set of procedures which included information on the risks specified in the relevant regulations. An audit and risk assessments with control measures had been carried out 14 April 2011 and recorded. The provider and person in charge were in the process of addressing matters identified.

The Authority received a letter from a competent person dated 12 April 2011 confirming that all the statutory requirements relating to fire safety and building control have been substantially complied with for this centre.

The provider and person in charge were aware of their legislative responsibilities in respect of notifications, had maintained a record of all incidents occurring in the centre and had given appropriate notice to the Chief Inspector of Social Services including changes in management and quarterly reports.

There was a written operational policy and procedure on the creation of, access to, retention of and destruction of records. Inspectors examined the maintenance of records in relation to accidents/incidents. These were detailed with all the relevant information regarding where and when the incident took place, if it was witnessed, action taken following its occurrence including reporting duties. The records were easy to retrieve and kept in a safe and secure place. Audits of accidents were carried out in order to minimise future reoccurrence.

There was a written operational policy and procedures on the handling and investigation of complaints. The procedure identified the key persons responsible for investigating residents' complaints within specific timeframes. Residents and relatives interviewed were familiar with the procedure which was well advertised throughout the centre.

### **Some improvements required**

The statement of purpose was updated and examined by inspectors who concluded that it required further amendments to substantially comply with the requirements of the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). For example, the range of needs, criteria for admission, rooms and organisational structure were incomplete

While arrangements for detecting, containing and extinguishing fires, giving warnings of fires, the maintenance of all fire equipment and testing fire equipment at suitable

intervals was in place and recorded, inspectors found precautions that may hamper a timely evacuation in the event of a fire. Inspectors found on day two that despite a staff record dated the previous day indicating that all means of escape/exits were checked and unobstructed, this was not the case on the exit leading from the second floor to the ground floor. A large item obstructed this stairwell, the stairs had loose debris from internal reconstruction work and the key at the final exit door outside was not readily available. A staff member had difficulty opening and closing these fire exit doors and therefore the evacuation of people and safe placement of residents could be affected. The procedures to be followed in the event of fire were displayed in prominent places in the designated centre however some were misleading as they included exits via the new extension that were locked and not yet accessible. These findings were brought to the attention of the provider and person in charge who removed the obstruction immediately.

The centre's insurance, which covers against accidents or injury to 43 residents, staff and visitors was up to date. However, this cover needs to increase to 52 residents with 1000 euro/item of personal property cover for each resident in line with the regulations.

Residents had a locked facility in their bedrooms where they could hold personal possessions securely. There was a written operational policy and procedure relating to residents' fees and personal property and possessions. However, the policy did not include the procedure for returning property and a sample of records reviewed by inspectors did not have two signatures in accordance with the centre's policies and procedures.

Inspectors were told by the provider and the person in charge that contracts of care for the provision of services had been agreed with all residents and/or their relative/representative. While contracts of care reviewed by an inspector were found to be agreed by the provider with residents they were generalised and not specific to the individual and services provided/excluded.

#### **Minor issues to be addressed**

Submit a plan for to include a schedule of admissions from 44 to 52 residents.

## 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

Residents and staff informed inspectors that systems were in place to enable residents to play an active part in the centre with regard to making decisions that affected their lives. An active residents' group met regularly and the activity person and person in charge described the purpose and benefits of the forum and outlined changes implemented in response to residents' opinions. For example, the decision for residents to determine their activity programme and events such as baking and exercise classes with aerobics was implemented in consultation with residents' and feedback in meetings.

Residents described aspects of their lifestyles to inspectors and said they were free to exercise choice and were supported by staff in what they chose to do. Some residents informed inspectors that they were given opportunities to participate in social and recreational activities based on their preferences. Others said they did not participate much but enjoyed watching others. Two activity coordinators had been employed to oversee the provision of activities and inspectors observed different events taking place during the inspection such as singing and movement to music, group and one-to-one discussion, bingo, knitting and card games. Residents and/or their relatives had been engaged by the activity and care staff to determine the social interests and previous lifestyle of residents in order to tailor specific and individual activities. Inspector spoke to one activity coordinator who demonstrated that she was very enthusiastic and motivated to providing meaningful activities to residents. Internal events and external events were arranged in advance around residents' interests.

The person in charge told inspectors that strong community links had been established with a range of local organisations, schools and volunteer groups. Transport and a wheelchair accessible mini bus was available to residents for outings, shopping trips and/or appointments.

Mass was available in the centre weekly and clergy from other denominations visited monthly or on request.

Daily and weekly newspapers were available to residents. Televisions and radios were available in communal areas and in bedrooms as requested/desired by resident.

Hairdressing facilities were available on request and arranged by staff. Residents in the centre attended a variety of activities that were planned on a weekly basis. Some availed of regular reflexology.

Residents' bed linen and clothing was laundered in the centre and residents were positive in their comments of the service. There were wardrobes and drawers for residents to store their clothes. Residents clothing was seen to be well organised, folded and maintained.

Inspectors examined the written operational policy and procedure on the prevention, detection and response to abuse. The procedure guided staff in the event of a suspected or actual allegation of abuse and detailed reporting arrangements to the relevant personnel. Staff training records showed that the principles of adult protection were included in the staff induction programme and ongoing training. During interviews, staff demonstrated their knowledge of what to do and the reporting mechanisms in the event of a disclosure or allegation of abuse.

Inspectors considered that residents received a varied diet which was nutritional and met their individual dietary needs and preferences. There was a written operational policy and procedures on the monitoring and documentation of residents' nutritional intake and evidence-based assessment tools were used to risk assess individual needs. Inspectors saw that residents were provided with choices in relation to the main meal and were offered a selection of deserts and refreshments with meals. Food was well presented and in portions appropriate to residents' appetites.

The quality of food was described as "good" and there was extra food and/or supplements available daily. Fresh drinking water, milk, fruit smoothies, juices and hot drinks were available and provided to residents throughout the day and on request. An inspector spoke with the cook and catering staff on duty who were knowledgeable in areas of catering and knew the wishes and preferences of residents.

### **Some improvements required**

In the main residents privacy and dignity was maintained. However, inspectors found personal information regarding residents displayed on the back of a wardrobe door in one shared bedroom on the ground floor and door locks on sliding doors of ground floor toilets were not adequate to ensure residents privacy.

### 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

There were systems in place to assess residents' needs prior to moving into the centre and to monitor and promote their social well-being and health care following admission. An admission policy and procedure was available which assisted staff to determine if the centre was suitable to meet residents' needs and to guide staff when admitting a resident. A staff member informed inspectors that detailed information was given to residents to assist them to adapt to their new circumstances. There was also a written operational policy and procedure on the temporary absence and discharge of residents.

Inspectors found that staff had a detailed knowledge of residents' healthcare needs. They risk assessed residents in particular areas of care such as continence, nutrition, accidental injuries, falls, cognitive impairment, pressure areas/sores and moving and handling. Validated tools were used to identify the risks including developing pressure sores. The person in charge reported that no resident had a pressure sore at this time. Residents were weighed on a monthly basis or more often if needed, a record was maintained and action taken with regard to undue weight gain or loss.

Residents had access to their general practitioner (GP) on an ongoing weekly or as required basis and an on-call GP emergency service was available. Services such as chiropody were provided by nurse referral, while physiotherapy, occupational therapy and dietetics were accessible through a GP referral.

There was a written operational policy and procedure on end of life care. The involvement of palliative care nurses to give specialist advice regarding emotional, psychological and spiritual needs as well as pain relief for the physical condition was available. Staff could describe the care and support provided to residents and family members.

Documentation in relation to restraint was recorded. The use and decisions of restraint had been considered in the best interest of residents with a consensus approach adopted with involvement of the resident; his/her significant other (as appropriate), the GP and/or other professionals involved in his/her care.

### **Some improvements required**

Inspectors reviewed a sample of residents' care plans and found that all did not fully comply with the regulation in respect of assessment and review. There was limited recorded evidence to confirm that residents and/or their relatives were consulted with regard to the development and review of residents' care plans. For example, there was no written information in the care notes regarding the views of residents' and significant others about whether all assessed needs and care interventions were improving residents' conditions and circumstances. Since the inspection the provider and person in charge submitted a template to address this matter. The person in charge plans to invite residents and/or relatives to discuss care, agree a care plan and sign a record i.e. template to confirm same.

There was a written operational policy and procedure on the ordering, prescribing, storing, administration and disposal of medicines. However, inspectors noted that refrigerated injections stored for an emergency event were out of date.

### **Minor issues to be addressed**

The names and signatures of some nursing staff was not as registered with An Bord Altranais (ABA) name stated on professional identification cards, as required by the professional regulator (ABA).

## **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**

Since the date of the last inspection, the physical environment had been substantially improved due to internal changes, renovations and the additional extension.

Residents were complimentary of the recent improvements and told inspectors that the centre provided a pleasant place to live. The refurbishment had increased the number of bedrooms, communal, recreational and storage rooms.

The centre was clean and in the main pleasantly decorated, well furnished and generally well maintained. Refurbishment of the existing centre was to commence on the existing centre having completed the new extension. There was a choice of communal areas available which were bright and home-like in character due to the style of décor and furnishings. Walls were decorated with pictures and lamps contributed to the pleasant ambience. Large flat screen televisions were positioned in sitting rooms to ensure all residents had a good view. Some residents showed their bedrooms to inspectors. Many had had availed of the opportunity to bring in personal belongings such as pictures, ornaments and photos. Since the last inspection, safe and secure storage for residents' possessions has been made available.

Great emphasis had been placed on residents' safety. Security was maintained by key coded doors and alarms on exits/entrances. A plan to provide close circuit television cameras (CCTV) in communal corridors and exits/entrances was proposed. Many residents told inspectors that they felt safe.

The resident call system and an individual personal restraint system were installed and available to residents following assessment.

Good infection prevention and control measures were in place and a good standard of cleanliness was evident. Alcohol hand gels were provided at the entrance and at other locations throughout the centre. These were seen to be used regularly by staff and visitors. A domestic staff member informed an inspector of her duties and responsibilities in respect of caring for the environment and confirmed that she had received training in this area.



Floors and surfaces throughout the centre were observed to be clean. Sluice rooms have been adequately equipped with bedpan washers and racks for storage. A colour coded cleaning system was in place to prevent cross contamination of surfaces.

Temperatures of the storage and distribution of hot water was monitored and recorded to prevent risks of scalding.

There was a generator in the centre to support continued services in the event of a power failure.

### **Some improvements required**

Equipment had been provided in response to the assessed needs of residents. This included hoists, profile beds and wheelchairs. While regular servicing of equipment was maintained and records were available to verify this, inspectors observed residents being transferred from one chair to another with a dated hoist that was difficult to move and caused a delay on transfer and the resident to sway more than necessary whilst suspended in a sling. This movement appeared unnecessarily prolonged and uncomfortable for these residents.

An internal courtyard was available and external grounds were clean, and were planted with colourful plants and landscaped with items of interest including bird tables, window boxes, flower beds and a rockery of decorative and painted stones. Garden furniture was available to enable residents use in these areas.

Internal and external improvements were required to ensure a safe and suitable premises for dependent persons. These included but were not limited to the following:

#### Internally

- parts of the centre required refurbishments such as painting, floor covering, and relocation of storage items to maximise resident room and ensuite spaces
- screens were inadequate in two twin rooms
- wires exposed in some bedrooms and along ceilings of corridors
- a hand rail was not available on both sides of the stairs of the new entrance
- ventilation in the nurse's office was inadequate. The provider told inspectors that this is to be addressed when improving/addressing the ramp along that corridor once the new front entrance is operational
- a raised floor board at the window in a room on the second floor may be a trip hazard.

#### Externally

The front of the centre had landscaped garden with colourful flower beds and green areas. Despite a key code lock on all doors, the perimeter was not secure to enable residents to access a safe outdoor area independently. The grounds to the side and rear of the centre were untidy from construction work and debris, with open access to a nearby lake.

There was a spacious patio area to the rear of the building and inspectors seen residents and visitors in this area as the weather was fine. Tables and chairs were available and the views were extensive. However, inspectors noted that the patio wall was at a low level and may present a hazard to all. Staff told inspectors that this area is not accessible to residents unless supervised. The provider told inspectors that outdoor space, improvements and safety issues had been discussed with the board and was to be addressed, yet a timeframe was not specified. Consideration had been given to securing the gates of the courtyard accessible via the dining room. This area would require trip hazards such as uneven manhole/drain covers to be made safe.

Paintwork on the existing building was damaged, worn and in need of improvement.

Car park spaces and areas to be kept clear such as at fire exits and fire assemble points had not been identified/applied and were obstructed at times during the inspection.

## **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**

Information for residents was relevant, clear and up to date. There was a written operational policy and procedure in respect of communication. It was descriptive regarding the methods employed to communicate with residents and contained information about general communications regarding the operation of the centre.

There was a written and operational policy and procedure on the provision of information to residents which included the resident's guide. Residents' records were stored in a safe and confidential manner.

Inspectors were told by some residents, relatives and staff that the person in charge facilitated good communication and they were positive about the open approach to communication within the centre. Residents and relatives told inspectors that they felt able to approach any of the staff if they had any concern or wished to discuss any matter. Residents confirmed that information on activities and other events such as appointments were conveyed to them in a timely way.

Inspectors found that there were many good methods adopted to circulate information. For example, notice boards and screens were strategically placed throughout the centre and relevant current information was displayed such as menus, guides and forthcoming events and activities. The complaints procedure, training opportunities and general information were advertised in relevant areas in the centre.

Residents had access to a public telephone, were able to use their own mobile telephone or could have a phone installed in their bedroom. Residents were also assisted to vote in previous elections. Local and national newspapers were provided.

Arrangements were in place to provide staff with up to date information about residents' health and social care needs. This was conducted at "handover meetings" which took place when there was a change in the staff group.

Management and staff meetings were in place and records were maintained. Issues and matters arising were revisited in subsequent meetings demonstrating an informed service.

Inspectors observed staff taking time to communicate with residents speaking slowly and sensitively and repeating information to ensure that it had been understood.

## **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**

The overall view held by those residents, relatives and staff who contributed to the inspection was that there was sufficient staff to meet the needs of residents and that they were competent and caring in carrying out their duties. During the fit person interviews, the provider and person in charge described the need to have adequate staffing levels and an appropriate skill mix in order to provide good quality care to residents. Inspectors examined a copy of the duty rota for the period prior to the inspection and staffing levels were similar to those on the day of the inspection. Inspectors were assured that the nurse in charge had the flexibility to have more staff on duty if this was necessary to care for residents. Since the last inspection, skill mix had improved and staffing levels had been increased. Staff morale was good.

The staff on duty demonstrated that they worked as a team to provide care and services to residents. Some expressed their great sense of satisfaction from working with residents and their families. Discussions with staff confirmed that good relationships existed between the various grades of staff and management. Staff felt able to influence the rota and request planned and emergency time off. Inspectors observed that staff responded quickly to residents' call bells and requests for assistance.

Staff confirmed that they felt encouraged and supported by the person in charge to carry out their work and participate in ongoing training and development. Various methods for supervising different grades of staff were adopted by management. This entailed observation, instruction and role modelling. Staff appraisals were introduced and a training schedule for all staff was maintained. In the main, the person in charge had ensured that staff members had access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

The training records indicated that staff had completed training in the following areas: the regulations and standards governing residential care settings, moving and handling, fire safety and prevention, customer complaints policy, risk assessment, dementia, care of elderly, continence products, nutrition, first aid, infection control

and protection of residents from abuse. One staff member had attended training as a safety representative and fire marshal. The majority of care assistant staff had completed training at Further Education and Training Awards Council (FETAC) level five.

Different grades of staff told inspectors that opportunities to discuss practice issues were available at staff meetings and on a day to day basis. Minutes of staff meetings were reviewed by inspectors who noted that agenda items covered areas relevant to the day-to-day running of the centre.

### **Some improvements required**

The provider and person in charge were aware of their responsibilities in respect of recruiting staff. A policy and procedure was available and covered all essential areas in respect of recruitment. However, the information and documents specified for all persons working in the centre (schedule two of the regulations) was not available.

All staff were not familiar with the new systems and access codes in the new extension. Formal orientation had not taken place to ensure staff were familiar with the layout and competent in the operation of security codes and alarm systems.

### **Minor issues to be addressed**

Following the registration of the additional eight beds, the person in charge agreed to monitor and review staffing levels and skill mix on an ongoing basis.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge and deputy 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 compiled by:*

Sonia McCague  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

3 June 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
Regulatory Visit 24 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Regulatory Monitoring visit 18 August 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Action Plan

### Provider's response to inspection report\*

<b>Centre:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	0175
<b>Date of inspection:</b>	18 April 2011 and 19 April 2011
<b>Date of response:</b>	4 July 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 has failed to comply with a regulatory requirement in the following respect:

Inspectors found inadequate precautions that may hamper a timely evacuation in the event of a fire that included:

- an obstructed stairwell from second to ground floors
- loose debris on the stairs/fire exit route from second to ground floors
- the key at the final exit door outside was not readily available
- opening and closing the double fire exit doors on the second floor was difficult
- a fire safety record was not reflective of practice.

#### Action required:

Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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



<b>Action required:</b> Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.	
<b>Action required:</b> Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.	
<b>Action required:</b> Display the procedures to be followed in the event of fire in a prominent place in the designated centre.	
<b>Action required:</b> Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.	
<b>Reference:</b> Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The hazard was removed from the stairwell on the day of the inspection, the stairs/fire exit has been cleaned and painted so that the use of the stairwell is not in any way compromised, and the key at the final exit door is in place and available.</p> <p>The difficulty with the opening and closing of the double fire exit doors on the second floor has been addressed.</p> <p>The fire safety record has been extended to include exiting the building beyond fire doors.</p> <p>All fire safety precautions have been reviewed by the Nursing Home's fire safety provider to ensure the safety of residents, visitors and staff.</p>	<p>Done</p> <p>Done</p> <p>Done</p>

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

The statement of purpose and function did not include all the requirement of the regulations.

<b>Action required:</b> 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).	
<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Person in charge's response:  The statement of purpose and function has been revised, forwarded to the Inspectorate, and checked against the guidelines.	Done

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

Internal and external improvements were required to ensure a safe and suitable premises for dependent persons. These included but were not limited to the following:

- parts of the centre required refurbishments such as painting, floor covering, and relocation of storage items to maximise resident room and en suite spaces
- screens were inadequate in two twin rooms
- locks on toilets located on the ground floor were inadequate
- wires exposed in some bedrooms and along ceilings of corridors
- a hand rail was not available on both sides of the stairs of the new entrance
- ventilation in the nurses office is inadequate
- the ramp along a ground floor corridor is to be improved
- a raised floor board at the window in a room on the second floor may be a trip hazard
- the perimeter was not secure to enable residents to access a safe outdoor area independently
- the grounds to the side and rear of the centre were untidy from construction work and debris, with open access to a nearby lake
- the patio wall was at a low level and may present a hazard to all.
- An internal courtyard accessible via the dining room requires trip hazards such as uneven manhole/drain covers to be made safe and seating and furniture
- paintwork on the existing building was damaged, worn and in need of improvement

<ul style="list-style-type: none"> <li>car park spaces and areas to be kept clear such as at fire exits and fire assemble points had not been identified and were obstructed at times during the inspection.</li> </ul>	
<p><b>Action required:</b> Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.</p>	
<p><b>Action required:</b> Ensure the premises are of sound construction and kept in a good state of repair externally and internally.</p>	
<p><b>Action required:</b> Provide and maintain external grounds which are suitable for, and safe for use by residents.</p>	
<p><b>Action required:</b> Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.</p>	
<p><b>Action required:</b> Keep all parts of the designated centre clean and suitably decorated.</p>	
<p><b>Action required:</b> Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	
<p>Provider's response:</p> <p>Refurbishment of the centre other than the new extension has been programmed for this year.</p> <p>The storage of items in residents' rooms has been relocated.</p> <p>The inadequacy of screens in two twin rooms has been rectified.</p> <p>The locks on toilets on the ground floor have been improved.</p> <p>Wires exposed in some bedrooms have been covered by extending</p>	<p><b>Timescale:</b></p> <p>6 months</p> <p>Done</p> <p>Done</p> <p>Done</p>

the conduits.	Done
Wires exposed along ceilings of corridors have now been covered by the installation of a false ceiling.	Done
A hand rail has now been provided on both sides of the stairs in the new entrance lobby.	Done
Ventilation in the office/medical store has been put in place.	Done
The gradient of the ramp along the ground floor corridor is to be addressed this year.	6 months
The raised floor board at the window in a room on the second floor has been removed.	Done
A safe outdoor area is to be provided for residents to access independently.	6 months
The grounds to the side and rear of the centre have been tidied up.	Done
The low level patio wall will be addressed when securing the area for the use of residents independently.	6 months
In the courtyard accessible from the dining room the manhole cover has been replaced and seating and furniture obtained.	Done
Paintwork on the outside of the existing building will be attended to as part of a maintenance programme.	6 to 12 months
A quotation has been obtained for putting white lines on the newly created tar macadam car park and this will be done as soon as possible.	1 month
The provider is conscious of the need to provide suitable accommodation for the residents, and will continue to do so.	

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

Residents' personal information was displayed on the inside of a wardrobe door in a shared bedroom.

**Action required:**

Put in place adequate arrangements to ensure the operations of the designated centre are conducted with due regard to the sex, religious persuasion, racial origin, cultural and linguistic background, and any disability of residents.

<b>Action required:</b> Put in place arrangements to facilitate residents in the exercise of their civil, political and religious rights.	
<b>Reference:</b> Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 5: Civil, Political and Religious Rights Standard 17: Autonomy and Independence Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The personal information referred to has been removed and the practice of having such information displayed where it could be seen by another resident has ceased.</p> <p>Arrangements are in place to ensure the privacy of residents and the facilitation of their rights.</p>	Done

<b>5. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Some residents' care plans did not fully comply with the regulations in respect of assessment and review.
<b>Action required:</b> Set out each resident's needs in an individual care plan developed and agreed with the resident.
<b>Action required:</b> Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.
<b>Action required:</b> Revise each resident's care plan, after consultation with him/her.
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A form has been developed to record the input of residents, or next of kin, in the formation and updating of care plans, and this has been forwarded to the Authority.</p>	Done

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

An up to date record of each resident's personal property that is signed by the resident was not maintained in a sample reviewed.

**Action required:**

Maintain an up to date record of each resident's personal property that is signed by the resident.

**Reference:**

Health Act 2007  
 Regulation 7: Residents' Personal Property and Possessions  
 Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Person in charge's response:</p> <p>The policy on the handling and management of residents' personal property has been reviewed and two signatures are now required when returning property to residents or family members.</p>	Done

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

All persons working at the centre did not have full and satisfactory information and documents specified in schedule two.

**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.

<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Files are now in place for all persons working in the centre to include full and satisfactory information and documents specified in Schedule 2.	two months

<b>8. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Out of date medicinal stock were found stored in a fridge in the clinical room.	
<b>Action required:</b> Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.	
<b>Action required:</b> Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
<b>Reference:</b> Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff have been instructed to familiarise themselves with the medication management policy, in particular the auditing of dates and return of unused and out of date medication.	Done

<b>9. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The insurance cover did not cover 52 residents.
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<b>Action required:</b>	
Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).	
<b>Reference:</b> Health Act, 2007 Regulation 26: Insurance Cover Standard 31: Financial Procedures	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The required cover for 52 residents has been requested and is being put in place.	Done

<b>10. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
Contracts of Care were generalised and not specific to the individual and services provided/excluded.	
<b>Action required:</b> 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.	
<b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents' contracts of care have been reviewed and personalised.	Done

<b>11. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>
Staff members were not familiar or orientated with the new extension facilities and alarm systems.



<b>Action required:</b> Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.	
<b>Reference:</b> Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Person in charge's response:</p> <p>The process of the orientation of staff with the new extension facilities has continued and is now complete.</p> <p>The importance of staff being aware, commensurate with their role, of the Health Act, 2007 and the regulations and standards, is recognised and the education of staff in this regard is ongoing.</p>	Done
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## Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 22: Recruitment	The names and signatures of nursing staff should be recorded as registered with An Bord Altranais (ABA).
Standard 23: Staffing Levels and Qualifications	Provide a plan to include a schedule of admissions from 44 to 52 residents.  Monitor and review staffing levels and skill mix on an ongoing basis.

**Any comments the provider may wish to make:**

**Provider's response:**

**Provider's name: Masonic Havens Limited**

**Date: 4th July 2011**