

**Health Information and Quality Authority
Regulation Directorate**

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



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|-------------------------------------------------------|-----------------------------------|
| Centre name: | St. Joseph's Hospital |
| Centre ID: | OSV-0000613 |
| Centre address: | Lifford Road, Ennis, Clare. |
| Telephone number: | 065 686 3835 |
| Email address: | meave.oconnor@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Maria Bridgeman |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 100 |
| Number of vacancies on the date of inspection: | 20 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 August 2016 11:30 To: 18 August 2016 21:00

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

| Outcome | Our Judgment |
|-----------------------------------------------------------------------|--------------------------|
| Outcome 02: Governance and Management | Non Compliant - Moderate |
| Outcome 03: Information for residents | Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Non Compliant - Moderate |
| Outcome 09: Medication Management | Non Compliant - Moderate |
| Outcome 10: Notification of Incidents | Non Compliant - Major |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Major |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 14: End of Life Care | Substantially Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Non Compliant - Major |
| Outcome 17: Residents' clothing and personal property and possessions | Non Compliant - Moderate |

Summary of findings from this inspection

This inspection was the eighth inspection of St Joseph's Hospital by the Health Information and Quality Authority (HIQA). This inspection was undertaken to follow up on actions required, following findings of non compliance on the registration renewal inspection in 2015.

While there were 120 registered beds in the centre, on the day of inspection there were 20 vacant beds. The majority of residents in the centre were assessed as of maximum dependency. The inspector reviewed the premises, met with management and staff members and spoke with residents and relatives throughout the inspection. The inspector also observed care practices and reviewed records including nursing and medical records, accident and incidents, complaints and staff related records.

Systems were in place for the ongoing review and monitoring of care and services.

Arrangements were in place to meet the health care needs of residents and activity provision had improved since the last inspection.

Similar to findings on previous inspections the premises was found to be significantly non-compliant with regulatory requirements. The premises did not meet the individual and collective needs of residents in terms of their privacy, personal space, access to dining and communal space and adequate and accessible sanitary facilities. This had a significant negative impact on the quality of life of residents who resided in the centre. The findings on inspection are set out in the following report.

As a consequence of the prevalence of multi-occupancy rooms, the presence of medical and care materials on lockers and window sills and the fact that residents spent most of the day by their beds, the centre appeared institutionalised and hospital-like.

A second action plan was requested from the provider. Sections of this action plan were not acceptable to the Chief Inspector and these will not be published with this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a clearly defined management structure in the centre. The nominated provider had recently been replaced on an interim basis. This was due to restructuring of roles and responsibilities within the Health Service Executive (HSE). The person in charge was supported on a daily basis by two assistant directors of nursing (ADONs) and a team of clinical nurse managers (CNMs).

However, the provider had failed to ensure that the service provided was appropriate for the needs of residents who were residing in the centre on a long term basis. In addition, the lack of space and storage in the centre led to unsafe practices such as eye drops being left on lockers, wound dressings on lockers and soiled clothes stored in blue bags under and next to beds.

The inspector saw that there were systems in place for monitoring the quality and safety of care provided to residents. These included internal audits and reviews such as falls audits, nursing documentation audit, infection control audit and health and safety audit. Audit outcomes and any corrective actions were documented. However, findings as outlined above had not been highlighted in the audit system that was currently in place

A review of the quality and safety of care and services provided to residents as required by Article 23 (d) of the regulations was in place. This had been made available to residents and relatives.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

The Resident's Guide was available in the centre. This contained the requirements of the Regulations such as a summary of the complaints procedure and an explanation of the management structure.

The inspector reviewed a sample of residents' contracts of care and found that they conformed to Regulatory requirements by setting out the fees to be paid for extra services and other services, Contacts had been signed by residents or their representatives.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

Arrangements were in place to ensure that residents were protected from harm and abuse.

There were systems in place to monitor staff attendance at safeguarding education; training records indicated that all staff had attended same and this was confirmed by the person in charge who co-ordinated the staff training programme. Staff and residents had access to a social worker for the protection of older adults, who was based in the centre. Staff spoken with confirmed their attendance at training and demonstrated a good understanding of what constituted abuse and the reporting responsibilities. Staff

had access to the relevant policies and procedures. Residents told the inspector that they felt safe in the centre.

Residents finances were seen to be managed in line with national guidelines for HSE centres. Documentary evidence was viewed by the inspector to verify charges and transactions. However, the inspector found evidence that financial documentation belonging to deceased residents was still in the centre. One of these residents had died in 2014.

The inspector saw plans of care to guide the management of behaviours associated with the behaviour and psychological symptoms of dementia (BPSD). The plans outlined the behaviour, possible triggers and therapeutic strategies to be employed by staff when residents were anxious. The plans were individualised to each resident and staff spoken with were familiar with the strategies to be employed to support residents. However, all staff had yet to attend training in updated knowledge and skills to manage behaviour associated with BPSD.

A restraint register was maintained. Bedrails were in use and risk assessments had been undertaken for these. Consent had been signed and the use of bedrails had been reported to HIQA in line with the regulations. However, an allegation of an abusive interaction was recorded in the complaints book and had not been investigated as an allegation of abuse. This were addressed under Outcome 10: Notifications.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
There was a comprehensive risk management policy that set out the matters listed in Article 26 including the risks specifically identified in 26 (1) (c). The risk register was available on each unit and was updated when new risks were identified.

Arrangements were in place for the investigation and learning from serious incidents/adverse events involving residents. The inspector was satisfied that appropriate risk assessment and controls were in place including falls risk assessments and clinical risk assessments in residents' care plans.

During this inspection the fire register was well maintained. The fire detection system and emergency lighting system were inspected and tested quarterly. Fire fighting equipment was inspected and serviced up-to-date. Records indicated that where deficits were identified they were rectified. Fire assembly points were prominently displayed, fire exits were seen to be unobstructed and information on fire management was prominently displayed.

A staff training programme on fire safety was in place which included the procedure and actions to be taken to evacuate all residents from the centre. Records seen indicated that all staff had attended fire safety training within the past twelve months. There were procedures in place for the routine inspection of fire safety precautions on a daily, weekly and monthly basis, these records were seen to be complete.

There was an external smoking area available and the person in charge confirmed that she was aiming to ensure that the centre would become a no-smoking area in the near future.

The inspector viewed records which confirmed that equipment including hoists used in manual handling, and electric beds were serviced in line with mandatory requirements. Each resident had a risk assessment and manual handling care plan which specified the equipment and number of staff required for each transfer/manoeuvre.

There was an adequate site specific emergency response plan that included provision for the alternative accommodation for residents in the event of evacuation. A generator was in place that activating automatically in the event of loss of power.

Staff spoken with had a good understanding of infection procedures and staff attended regular infection control and training in correct hand washing techniques. Residents who had infections were accommodated in the small single rooms. Single room accommodation was very limited but it was seen to be used for the purpose of infection control for two residents on the day of inspection. There was a cleaning rota in place for daily and also for "deep cleaning" of the physical environment and equipment. Each unit had a sluice room which was seen to be well equipped and tidy on the day of inspection.

The person in charge stated that risk assessments were in place for the presence of latex gloves and plastic aprons in the centre, which were accessible to residents. However, the inspector noted that there were creams, wound dressings, eye drops and body sprays located on window sills and on residents' lockers and the presence of these had not been risk assessed. In addition, the inspector noted a large scissors on top of one locker next to an open, half used, wound dressing. This dressing was no longer sterile once open. However, it had been left on the locker along with bandages and other wound care items. This presented an infection control risk which had not been assessed or controlled. Furthermore, five oxygen cylinders were stored in one clinic room without adequate signage to alert staff to the presence of combustible material. In addition, the inspector spoke with the person in charge about the absence of grab rails in sections of the corridor and in some toilet areas.

Judgment:
Non Compliant - Moderate

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| <i>Outcome 09: Medication Management</i> <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i> |
| Theme: Safe care and support |
| Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented. |
| Findings: There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the inspector observed eye drops on top of the bedside lockers of two residents. One of these was required to be stored in the fridge, the other bottle of eye drops had an opening date written on the bottle which indicated that they were now out of date and should no longer be in use. These were replaced by the nursing staff. |
| Judgment: Non Compliant - Moderate |

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| <i>Outcome 10: Notification of Incidents</i> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i> |
| Theme: Safe care and support |
| Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection. |
| Findings: A notification of alleged abuse had not been notified to HIQA as required by Regulations. |
| Judgment: Non Compliant - Major |

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| <i>Outcome 12: Safe and Suitable Premises</i> <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,</i> |
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conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

Similar to findings on all previous inspections the design and layout of parts of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The design and layout did not meet the individual and collective needs of residents for space, storage and privacy. This will be addressed further under Outcome 16: Residents' privacy, dignity and consultation. The person in charge stated that arrangements were in place to address the premises failings with the work proposed to be completed in 2021. However, plans had yet to be drawn up for the proposed new units.

There were four units in the designated centre, Hazel, Alder, Ash and Holly units. The Holly unit was a 12 bedded dementia specific unit. Residents' bedroom accommodation was provided in two single bedrooms and five twin bedded rooms all of which had en-suite toilet facilities. The two single bedrooms and one twin bedded room also had an en-suite assisted shower. Staff spoken with confirmed that while a separate bathroom with assisted bath and shower was available it was not used by all residents. They stated that occasionally the hygiene needs of residents without en-suite shower facilities were attended to in other resident's bathrooms. Residents in this unit were provided with a large communal room for relaxation and dining. Improvements had been made to this unit since the previous inspection. Each bedroom door was painted a different colour and had been fitted with a door handle to give the appearance of a front door. A number of residents' rooms were individualised with pictures, photographs and drawings by residents' grandchildren. Each room had a large clock on the wall and there was new comfortable seating available in the entrance foyer of the unit. This area had a second large screen TV in place and was decorated in muted, suitable colours. There was a piano and dresser in this space which provided alternative seating for residents and visitors. New grab rails were in place along the corridor and access to a secure central garden space was available to residents. This garden space had won a 'tidy towns' competition according to the person in charge. There was a notice board on the Holly unit which listed advocacy information, activities and community news. However, not all bedrooms were personalised and most bedrooms did not have a chair for residents. There were no radios or TVs available in the bedrooms for individual residents.

The Hazel unit and Alder unit both accommodated 42 residents and were of similar design and layout. These units were accessible through the 'long' corridor where hairdressing facilities and the two communal rooms were located, These communal

rooms were nicely decorated, One room replicated an old fashioned sitting room and the other room was decorated with photographs of the recent jubilee celebrations in the centre. Activities were organised in these rooms. However, they were not seen to be in regular use by residents or visitors during the inspection as they were located away from the units. A staff member stated that there was a lack of staff to provide supervision on an on-going basis in these rooms. In addition, neither unit offered adequate sitting, dining or recreational space. There was no dining room or sitting room available on either Hazel or Alder unit. Staff informed inspectors that residents ate all meals by their bedside. The only communal space available for residents consisted of a small alcove off the main corridor with seating for approximately six residents. This alcove faced towards the bedroom accommodation. There were large chairs in use for some residents which further limited the number of residents who could be accommodated in this alcove. In addition, on the day of inspection, chairs were stored in this area also, due to the lack of space in the multi-occupancy rooms. There were two single bedrooms on each of these units neither of which were of a suitable size and layout for the needs of residents. The lack of space in these rooms did not allow for the safe and effective use of assistive equipment by staff or access to both sides of the bed when providing care needs. The remaining private accommodation was provided for in multi-occupancy rooms for five and six residents. The inspector saw that the majority of residents spent their day in bed or at their bedsides, they had limited space for the storage of personal possessions. This was discussed further under Outcome 16 as above.

There was a very nicely laid out and well planted garden off the large units which staff had developed. Funds had been provided to enhance the area for residents. The person in charge stated that staff had given a lot of their free time to work in this garden which again was a prize winning garden. Ceiling mounted hoists were not in use in the multi-occupancy rooms. The inspector noted that there was limited room for staff to move residents out on to chairs or commodes using the large hoists where required. There was very limited space to provide private assistance and care within the screened off area assigned to each individual resident. On the day of inspection over 80% of residents had maximum dependency care needs. Staff and residents spoke with the inspector about the limitations on space in the rooms and the impact of living in these large shared rooms. The inspector observed the negative impact of the lack of space and privacy for residents. These issues were outlined in detail under Outcome 16. There were insufficient numbers of showers and this was compounded by the lack of adequate and suitable storage facilities. There were only two assisted showers. However, there was evidence of the ongoing storage of wheelchairs, specialised seating, mattresses and other items in this area on both the Hazel and Ash Units. There was no bath available on any unit in the centre.

There was only one shower available to 24 residents on the Ash unit. The Ash unit was set out in four bedrooms which accommodated six residents each. There was a glass panel and glass double doors separating these rooms from the main corridor. On two of the six bedded units the glass panels were opaque, however the other two were designed with clear glass panels. This impacted on residents' privacy and dignity. For example, one resident had thrown back the bed clothes exposing incontinence wear. This could be viewed from the corridor and by other residents in the room. One room in this unit accommodated 6 residents with maximum dependency needs. The inspector observed that the hand sanitiser units were adhered to the front of the wardrobes

because of a lack of an alternative space to locate these. Staff spoke with the inspector about the difficulty of providing care to residents with such high needs, in the limited space available, The inspector observed that the room was very congested at meal times as all residents required help with eating their meals. There was very little room for staff to sit by each bed when providing this support. The person in charge confirmed that this room was unsuitable for the residents who were residing there due to their very high care needs requiring the use of a hoist for movement. In addition, some residents called out during the day and night as a result of the BPSD. Furthermore, there was one toilet area to share between 12 residents which was located between two six bedded units. In one area the door to this toilet area was partially blocked by the position of a bed.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The centre had an up-to-date policy and procedure for the management of complaints. The HSE complaints procedure 'Your Service, Your Say' was displayed and a copy was included in the Resident's Guide. It was referenced in each resident's contract of care. Residents were aware of how to make a complaint and that the person in charge was the complaints officer. The person in charge informed inspectors that she monitored the complaints from each area. Residents and relatives spoken with by the inspector stated that they could raise any issue or concern with the person in charge or staff. However, an allegation of abusive interactions was recorded in the complaints book and had not been reported to HIQA or investigated fully. This was addressed under Outcome 10: Notifications. In addition, there was a complaint in the complaint book about the disturbance caused to residents in a multi-occupancy room by a resident's disturbed behaviour. This was addressed under Outcome 16: Residents' privacy, dignity and consultation.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her

physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

Similar to findings on the previous inspection not all residents had end of life care plans in place which outlined their future wishes.

Based on clinical records reviewed and interviews with staff the inspector was satisfied that staff supported residents to achieve a dignified death. There was evidence that staff continuously monitored each resident's condition and sought timely and appropriate review and medical intervention. Where appropriate, end of life care needs were supported by the palliative care team. Staff kept family members informed of changes and they were facilitated to be with the resident at end of life. The inspector viewed the family room which was available for such occasions. In addition, the person in charge spoke with the inspector about the wonderful care provided by staff during the dying time of a number of residents. It was evident to the inspector that a person centred approach to end of life care was implemented by staff.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

While some improvement was noted since the last inspection the lack of dining space had a significant negative impact on the quality of the dining experience for residents, with little or no social dimension to meals on some units.

Improvement had been maintained in facilitating meal choices. Staff spoken with

including the catering officer confirmed this practice and explained to the inspector how menu changes and dietary modifications were communicated to the kitchen following visits from the dietician and the speech and language therapist (SALT). Freshly baked cakes including brown bread and scones were available to residents on a daily basis. There was a range of snacks including fruit, bread, cereals, cheese and yogurts available at unit level.

Nutritional supplements were prescribed by the general practitioner (GP) where appropriate. Staff spoken with demonstrated knowledge of residents' specific nutritional requirements including the provision of thickened fluids and modified or fortified diets.

In the two 42 bedded units the inspector observed that the majority of residents had their meals served to them on trays while in bed or while seated at their bedside. Family members were seen to be facilitated to assist at mealtimes. The absence of dining space and the lack of space in the multi-occupancy units meant that this arrangement did not provide for due regard for the privacy and dignity of all residents. Issues related to residents' privacy and dignity and lack of dining space were addressed under Outcome 16. Adequate and careful staff assistance was available at mealtimes. However, staff stated that this was a very busy time for them as there were a large number of residents who required assistance with their meals.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

There was a residents' committee in the centre. Meetings were held every three months and the inspector viewed the minutes of the meetings. However, participation was low at some meetings. The person in charge explained that residents had access to independent advocacy services and the inspector saw that information posters were displayed prominently on notice boards. Residents were facilitated to exercise their political and religious rights. Residents informed the inspector that they could vote in the centre, or externally, if they wished. The local community church was attached to the

centre and residents were facilitated to attend mass there on a daily basis. Residents were seen to go out with relatives during the day and there was a steady flow of visitors in and out of the centre. Relatives spoken with stated that they were happy with care and communication in the centre.

Daily newspapers were delivered to the centre for residents' use and residents had access to a portable telephone if required. Some residents were also seen to use personal mobile phones. Residents had access to television in bedrooms and in the limited communal alcoves. However, the choice to enjoy television viewing was dependent on the location of each bed or on the wishes and requirements of other residents in the multi-occupancy rooms. For example, one resident informed the inspector that he could not hear the TV as it was too far away from his bed.

Staff were observed interacting with residents and speaking about residents in a courteous and respectful manner. Residents stated that they were happy with the kindness of staff. Staff were seen to be providing very good care to residents and stated that they were doing their best with the limitations of space and the premises. However, due to the predominance of multi-occupancy bedrooms, there were insufficient facilities to provide residents with adequate, comfortable, personal or private space.

Evidence seen by the inspector of the negative impact of living in the restricted space afforded to residents in the multi-occupancy rooms included:

- the wardrobes were very small: most wardrobes were approximately 0.3 of a metre wide and some of them were half height wardrobes. As a result there was limited space for residents to store their clothes, which were seen on chairs, on radiators and on windowsills. Clothes were also stored in bags on the floor near beds and some clothes were seen hanging on the outside of wardrobes
- bags of soiled washing were seen stored in blue bags on the floor next to beds, in the wardrobe on top of clean clothes, in blue bags under beds, next to beds and on windowsills
- residents who had chairs by the bed had no access to wardrobes as due to the lack of space by the bed the chair was located in front of the wardrobe
- in one five bedded room there were four walking aids and two wheelchairs stored which were belonging to residents in the room, These presented a trip hazard to residents due to the lack of storage facilities or space by beds
- incontinence wear was stored on the windowsill in one multi-occupancy room
- washing bowls, body wipes and incontinence wear were stored on the top of all wardrobes
- residents with dementia were heard by the inspector to call out at regular intervals: in the female area one resident stated that the calling annoyed her and kept her awake at night. In the male ward one resident informed the inspector that a resident was 'very noisy' at night and that he did not want to stay in the centre
- cardboard boxes of toiletries including sudocream, body spray and other items were stored on top of lockers and in window sills
- bandages, dressings and wound care items were stored on top of some lockers
- one resident stated that she had very little space for personal items. She had wanted to bring in some items from home but she stated that she was told not to do this as there was no space for these items

- a part empty bottle of sterile water was on the floor by one bed
- activities had to be held in the bedrooms of the Hazel and Alder units as there was no communal space for residents to gather. This was confirmed by members of staff.
- residents had no dining room or sitting room in the two largest units and no place to converse with staff, the doctor or visitors in private
- small black bags were seen hanging from bed tables. These were used as bins by residents.
- a crash mat was seen folded by one bed. The limited space available between beds meant that the use of this mat, if required for a resident at risk of falls, would present a trip hazard. This was confirmed by the person in charge.
- hoists and other assistive equipment were difficult to manoeuvre within the limited space. There was no dining and sitting space in two units
- hand sanitisers were attached to the front of residents' wardrobes
- glass panels separated the bedrooms of residents from the hallway in one unit. Residents could be viewed in their beds from the hallway
- in addition the insufficient dining and communal space meant that residents had few opportunities to meet, interact and engage with each other on a social basis
- in one bedroom there were ten bottles of minerals stored on a rail behind the beds
- some residents had urinals hanging on the side of their beds which were in close proximity to other residents. One urinal required to be emptied
- hoists were stored by vacant beds and in an empty room. These were moved to the sitting room at night or when beds were occupied
- beds had been moved out of some six bedded rooms, however in some cases this was a temporary arrangement. These beds were replaced when required for a new resident. This had occurred prior to the inspection. HIQA had been notified of the effect of placing an extra bed back in the room. A relative had stated that when the bed was replaced into the room the resident could not access his call bell and locker. In addition, the person claimed that the resident became more incontinent and the room was very crowded
- a complaint was viewed in the complaints book concerning the disturbance caused in a multi-occupancy room by the aggressive behaviour of a resident
- where beds had been removed from some six bedded rooms to make the room a five bedded room the extra bed had been replaced by a large wardrobe which was used by the residents for extra storage. However, as curtain spaces had not been realigned all residents were still confined to their original small space.
- the placement of a bed in one multi-occupancy room was seen to block the entrance to the toilet area for the 6 residents in the room
- an old fashioned 'singer' sewing machine was stored for a resident on her bed table due to the lack of space for an alternative table
- large laminated information sheets were placed over the beds of residents with individual special dietary and fluid intake requirements on display
- some residents had no access to a toilet in their bedroom and were required to use the toilets at the top of the hall
- body cream, buns and biscuits were stored on top of one locker in a nebuliser
- a staff member stated that residents' lack of privacy was a challenge and 'a huge thing'. In addition, a staff member stated that residents understandable 'get territorial' about their limited space
- residents and a staff member stated that residents find the six bedded units very disturbing at night because of some residents calling out, the use of hoists and the use

of commodes

- residents in the centre on respite stay told the inspector that they find it difficult to sleep due to the noise from other residents and activity in the multi-occupancy rooms
- a staff member stated that a resident in a multi-occupancy room stated that the residents who call out 'drive her crazy'
- time spent with residents was limited as care staff were also involved in catering and cleaning activities
- staff informed the inspector that they have complained about the limited space when using hoists
- a staff member stated that the environment hinders and impacts on promoting and developing standards of care
- the staff member stated that residents have said they would prefer two or four bedded units.

There was an activities coordinator in place who initiated and supervised a range of activities in the centre, such as 'Sonas', bingo, hand massage, music, arts and crafts and exercises. The gardens had been developed with staff and residents working together. The staff member stated that developing the garden into a suitable space for residents to sit and enjoy compensated for the poor internal environment. On the day of inspection a number of residents were seen to be taken to the communal room in the 'long' corridor for a bingo session. However, given the number of residents in the centre, there was evidence to support that staffing resources were inadequate to ensure that all residents had sufficient opportunity to participate in meaningful and purposeful activities which suited their needs, interests and capabilities. During the inspection, the inspector observed a large number of residents not participating in activities. A staff member informed the inspector that when they were short staffed residents were not brought to activities. In addition, residents and relatives had complained when residents moved items belonging to other residents. This was confirmed by a staff member.

The impact of the design and layout of the environment on the quality of the dining experience was discussed in Outcome 15. The inspector also saw that residents had no means of securing privacy other than closing their bed screen, of enjoying quiet time or having private conversations with staff or visitors unless assisted to leave the unit and access the communal space available on the main "long corridor" of the overall service. Other than for the provision of activities these rooms were not seen to be utilised during the inspection process with visitors remaining with residents in their bedrooms, in what was already limited and crowded communal space. There was an open policy on visiting and visitors spoken with said that they felt welcome to visit their relative in the centre. However, the layout of the multi-occupancy rooms and absence of dining and communal space meant that the presence of visitors in the units did not provide for due regard for the privacy and dignity of all residents.

Judgment:

Non Compliant - Major

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can
appropriately use and store their own clothes. There are arrangements in***

place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

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

Findings:

As discussed in detail under Outcome 16 resident had limited space for personal items and clothes, These were seen to be stored on chairs, on radiators and in bags in the ground. Clothes were also seen hanging on the doors and on the sides of wardrobes. Locked facilities were not available for residents' property. A resident stated that she was advised not to bring in items from home as there was no space for these.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-----------------------|
| Centre name: | St. Joseph's Hospital |
| Centre ID: | OSV-0000613 |
| Date of inspection: | 18/08/2016 |
| Date of response: | 23/09/2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The service provided was not safe and effectively monitored or appropriate, to residents needs.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response

Proposed Timescale: 30/09/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had updated knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Further approved training for staff has been arranged for the 12/10/16, 19/10/16, 09/11/16, 23/11/16 and 07/12/16

In addition further onsite training in Dementia care has been planned. This will take place during the next three months. Dates are being agreed with the trainer at present.

Proposed Timescale: 30/12/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Not all risks were assessed for example, the storage of oxygen cylinders and the presence of creams, a scissors, body sprays, open dressings and bandages on window sills and lockers. In addition, grab rails were not available in all corridor areas in the units and grab rails were not available in all toilet areas.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Grab rails will be installed in areas identified as requiring same. Quotations are currently being sought for the completion of this work. 2 quotations received awaiting 3rd quotation expected to have same by 23rd September. It is proposed to have work completed once funding is approved

Hazard signs are now displayed in areas where oxygen is stored and this has been risk assessed.

Items have been removed from window sills and lockers where possible and risk assessments have been completed. All risks are being assessed and managed by Clinical Nurse Managers

Scissors was immediately removed from area.

Items such as wound dressings are cleared off lockers. All infection controls risks are being addressed and monitored on a daily basis by the Clinical Nurse Managers

Containers are currently being purchased for resident personal items

Proposed Timescale: 30/11/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Eye drops were not securely stored. A number of these were left on residents' lockers and these were out of date when seen by the inspector. One bottle of eye drops should have been stored in the fridge.

4. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Items such as eye drops and wound dressings were removed off the lockers and stored/disposed of appropriately.

Clinical Nurse Managers on each unit will ensure audits of safe practice are undertaken on a 3 monthly basis including audits of safe management of eye drops.

Medication management refresher training is scheduled as follows: 4/11/16, 25/11/16 and 1/12/16

Proposed Timescale: 01/12/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A notification of alleged or suspected abuse had not been submitted in line with regulations.

5. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

A retrospective NF06 was completed and submitted via the portal on 18/8 2016. Arrangements have been put in place ensure all notifications are submitted promptly. All complaints or concerns raised will be discussed and assessed at all CNM meetings to ensure that all necessary notifications are completed. Clinical Nurse Managers meet weekly, minutes of meetings are distributed to all wards and available to all staff.

Proposed Timescale: 22/09/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The registered provider had failed to provide premises which conformed to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

For example:

- there was no bath in the centre
- grab rails were not present in all toilet and bathroom areas
- inadequate private and communal space for residents
- rooms were too small to accommodate all residents belongings and to provide sufficient space to undertake care activities while maintaining residents dignity and privacy
- there were inadequate storage facilities, wardrobes were too small, there were no personal laundry bins for residents,
- there was no dining and sitting space in two large 42 bedded units
- there was only one shower for the needs of 24 residents

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Grab rails will be installed in areas identified as requiring same by the 30th November, 2016

Programme of painting /decoration of each unit continues- including personalisation of bedrooms.

A programme of refurbishment is being planned including plans for a new 50 bedded building on site and upgrading of existing units to a high standard.

Funding has been provided through the capital plan 2016-2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021. The refurbishment will be to very high standard and meet all the needs of residents.

Proposed Timescale: 31/12/2021

Theme:

Effective care and support

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

The premises were not appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Chairs are being purchased for the Holly Unit, radios and televisions to be provided for bedrooms. Programme of works being compiled with Hospital Administrator, Director of Nursing and Maintenance Supervisor.

Programme of painting /decoration of each unit continues- including personalisation of bedrooms with family photographs and personal belongings.

Equipment not required for use is stored in a separate area of the building.

A programme of refurbishment is being planned including plans for a new 50 bedded building on site and upgrading of existing units to a high standard including the provision of adequate sitting, dining & recreational space.

Funding has been provided through the capital plan 2016-2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021. The refurbishment will be to very high standard and meet all the needs of residents.

Proposed Timescale: Ongoing and 31/12/2021

Proposed Timescale: 31/12/2021

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all residents had their preferences recorded in their care plan.

8. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

We will continue to review and record resident's preferences in end of life care plans including if applicable resident's preferred location at end of life.

Proposed Timescale: Ongoing

Proposed Timescale: 22/09/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Not all residents had access to regular recreation or occupation.

9. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

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

Not all residents could participate in activities. As the communal rooms were located a distance from all units staff were required to be available to take and bring residents and to stay and supervise during activities. There were no communal areas on some

units for residents to gather for activities.

10. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

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

Residents were limited in their choice of TV programme, in their choice of bedtimes due to the fact that staffing was reduced at night time and in their choice of the type of bedroom they would like to be accommodated in. In addition, residents were limited in their choice of where to eat their meal and in a choice of sitting area during the day.

11. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

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

Residents were all limited in their choice to carry out activities in private.

12. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

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

Residents who communicated by calling out or vocalising were disturbing other residents in the multi-occupancy rooms.

13. Action Required:

Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

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

Residents did not have access to TV and radio of their choice.

14. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

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

In the multi-occupancy bedrooms telephone facilities could not be utilised in private.

15. Action Required:

Under Regulation 09(3)(c)(iii) you are required to: Ensure that each resident has access

to telephone facilities, which may be accessed privately.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents were not facilitated to have all the personal possessions they wished to have with them because of the lack of space.

16. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was inadequate space for residents to store their clothes and personal possessions.

17. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

HIQA did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response

Proposed Timescale:

