

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Joseph's Community Hospital
<b>Centre ID:</b>	OSV-0000625
<b>Centre address:</b>	Stranorlar, Donegal.
<b>Telephone number:</b>	074 9189700
<b>Email address:</b>	gwen.mooney@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Mary Gwendoline Mooney
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	55
<b>Number of vacancies on the date of inspection:</b>	23

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
15 November 2016 14:00	15 November 2016 20:30
16 November 2016 08:30	16 November 2016 14:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

**Summary of findings from this inspection**

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. The purpose of this inspection was to determine the standard of care and quality of life for residents with dementia living in the centre. Prior to the inspection person in charge had completed a self- assessment document and had submitted this to the Authority with relevant documents that included policies for the admission of residents and for managing responsive behaviors. The inspector reviewed these documents prior to the inspection.

The centre was originally established as a district hospital and the building has been modified over the years to provide a range of facilities for people who need nursing care including dementia care. The service is mainly targeted towards the care of older people. The centre is comprised of three units. The Woodville unit is a designated dementia care unit and accommodates up to 16 residents. Six places are allocated for residents who need long term care and the remaining places are short

term and provided for residents who require assessment or respite care. The Barnesview unit accommodates 27 residents who have a range of care needs including dementia and all places are devoted to residents who need long term care. Finn View provides care to 24 residents who need rehabilitation, convalescence or respite care. Residents are usually admitted to this unit on a short term basis while a programme of care is implemented or assessment for long term care is undertaken.

The inspector observed the delivery of care, reviewed the systems in place in relation to admissions, discharges, assessments and care plans and viewed the premises layout over two days that included an afternoon, early evening and morning period. Staff, residents and visitors that the inspector talked to provided their views on the operation of the centre and the services provided. The inspector found staff were positive about their care practice in relation to older people and committed to promoting their wellbeing and independence. They were well informed about the care needs of individual residents and conveyed a good understanding of the varied ways dementia impacted on the lives of residents. Relatives told the inspector that staff were well informed about dementia care. They said that when their relatives were admitted to the Woodville unit they were provided with information about their condition and regularly updated about their progress and welfare. They said that staff helped them understand the illness and provided them with options for future care.

The inspector observed care practice and interactions between staff and residents in the Woodville and Barnesview units. A validated observational tool, the quality of interactions schedule, or (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in communal areas. The observations took place during the evening in Woodville unit and the morning in Barnesview unit. The inspector observed that staff knew the residents well, greeted them and connected with them on a personal level when they met. Staff were familiar with residents' care needs and family backgrounds and efforts were continuously made to chat to them about daily life, local news and people who were expected to visit them. Instances of meaningful and caring interactions between staff and residents were evident during the observation periods.

Care practice was noted to reflect good standards in dementia care. Staff were respectful and friendly to residents and demonstrated that they were familiar with their dementia care needs and took these in to account during interactions and when delivering personal care. Residents were given time to respond to queries and were given clear choices to avoid causing confusion and distress from excessive information. The inspector was told by residents that staff "kept them comfortable and looked after them well" and also said they were "happy here and did not want to leave".

The inspector found that residents were assessed to determine the degree of their dementia and were supported to maintain their capacity and independence. Staff assessed residents' abilities and cognition and this information was recorded to plan the support they needed day to day. Emphasis was placed on ensuring that residents remained as independent as possible and that they continued with the activities of daily living that they could manage including getting dressed and eating

independently. The nurse in charge and staff team described how they motivated and encouraged residents with these activities even when responsive behaviours were evident. Staff expressed the view that the focus on residents' independence rather than frailty and problems resulted in better outcomes for residents. There were examples to illustrate this and these included residents who had mobility problems were encouraged to walk around and to keep active even though this required significant staff supervision at times and residents who were very frail were helped to get out of bed and spend time in the communal areas listening to music or talking with staff even when this was possible for very short periods.

Residents had opportunities to be engaged in purposeful activity during the day and were prompted to participate in activity as much as they could and for as long as was possible for them. This was noted to be compromised in the Woodville unit as sufficient staff were not available to ensure social care opportunities were consistently available. Care and nursing staff were noted to be fully engaged with resident supervision and care interventions due to the significant dependency of residents. . An action plan in the outcome on staff requires that social care provision in the Woodville unit is improved and an appropriate staff allocation is available to meet the needs of residents.

Care plans were noted to guide staff practice and level of dementia, it's impact on day to day life, health care problems and fluctuating behaviours were identified together with resident's abilities and capacity. There was information on residents' backgrounds and life styles to ensure care plans reflected residents' past lives and interests. Staff told the inspector that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities and routines.

A number of dementia friendly features had been introduced to make the building more home like, "dementia friendly" and more suited to the needs of residents with dementia. Communal rooms were furnished in traditional style with dressers, fire places and varied items of memorabilia to prompt memory.

In the Woodville unit there were features that contributed positively to helping people with dementia maintain their independence. Hallways were unobstructed and there was good contrast in the colours used for floors, walls and handrails so that residents could distinguish these easily. There were armchairs in bright colours that also contributed to accessibility. The inspector noted that toilets had "old fashioned" latches and were also easy to distinguish because of good colour use. There was a secure accessible garden space that was attractively organised, had several interesting walkways and safe for residents.

The inspector found that residents were well cared for with the exception of social care referred to earlier and that that their nursing and care needs were being met. There was access to general practitioners (GP) and to allied health professionals when required. The treatment plans and recommendations made were noted to be incorporated into care plans and followed by nurses and care staff.

The inspector judged four outcomes as compliant and the remaining two were judged as substantially compliant with the Regulations. The Action Plan at the end of

this report identifies the areas where improvements are required to comply 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. These include improvements to social care provision in the Woodville unit, better recording of attendance at activities and revised staff allocations to ensure that social care is an integral part of day to day life.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector found that resident's wellbeing and welfare was assessed and supported by a high standard of nursing care and that appropriate access to medical and allied healthcare services ensured that the service provided was holistic and met residents' needs. There were arrangements in place to ensure the specific health and nursing needs of residents with dementia were also met effectively. Comprehensive assessments were carried out when residents were admitted. There were validated tools used to assess for memory problems, communication capacity and for risk factors such as malnutrition, vulnerability to falls, potential for skin deterioration, fluctuating behaviours and responsive behaviours. Care plans were compiled within 48 hours of admission based on the resident's assessed needs. Care plans for communication, health issues and behaviour that fluctuated were available and provided guidance to staff that ensured a person centred approach to care and ensured that residents who exhibited responsive behaviours had care interventions that promoted their well being and safety. There were descriptions of the areas where residents were independent and the inspector saw that staff supported residents to maintain their usual levels of activity. For example, residents were encouraged to keep mobile even when they required substantial supervision for their safety and they were prompted to undertake activities of daily living such as washing and dressing but supported to do as much as possible for themselves.

Communication capacity was described well in records and information was available to guide staff on how residents respond to queries and what non verbal responses staff should observe to inform them of residents' well being. Communication was also enhanced by attention to the way information was conveyed. Notice boards and menus for example were completed in large print to aid accessibility. Residents bedroom areas were personalised with photographs, ornaments and items of significance to residents to alert them to their own space and to remind them of varied aspects of their lives. Residents that the inspector talked to said they felt the centre had helped them " to get well and staff had helped them settle and be content in the hospital" and "be free from worry". They said that "staff are always nearby" and are "kind and always happy".

Staff told inspector that the time devoted to individual care, to listening to and observing residents' behaviours and their experience and training contributed to how they delivered care to ensure residents' safety and well being. Nursing staff described how they monitored for the presence of infections, constipation, and changes in vital signs in order to establish the causes for fluctuating or changeable behaviour. Staff conveyed competence in this area and there were details in daily nursing notes and in behaviour records that described trigger factors for responsive behaviours and how interventions had addressed issues that arose. Staff told the inspector that being aware of trigger factors and ensuring that residents felt secure were factors that limited distressed behaviours. When issues arose there was evidence of multidisciplinary review. There was a policy in place to guide staff in the management of fluctuating behaviours and staff had received training on understanding and managing aspects of dementia. One member of staff had attended an awareness day that focused on how dementia and sensory impairment was actually experienced by people with the condition and this had been very useful and it was hoped that more staff would be able to attend this experiential learning exercise.

Care practice in the Woodville unit was noted to be responsive to fluctuations in residents' care needs and patterns of behaviour over the day and evening. Staff were noted to provide varied levels of support in accordance with residents' presentations and levels of engagement. There was sensory and reminiscence equipment available and this was noted to be used well to provide comfort and distraction when residents were distressed. One to one support was provided when needed during acute phases of illness.

There was a varied social programme available and the inspector talked to the activity coordinator in the Barnesview unit about her role in the organisation of social care. She had completed training courses that included the "Go for Life" exercise programme for older people to equip her for this role. The activity programme was noted to be varied and included group, individual activities and celebrations of events such as birthdays. Quiz games, proverbs, chair exercises and discussions about news and local events were scheduled regularly. The programme was updated and new activities added to maintain interest the inspector was told. For example, an activity with modelling clay had been introduced to help residents maintain dexterity and mobility in their hands. Other activities were organised on a seasonal basis such as Christmas shopping trips, making decorations, Halloween and St. Patrick's Day celebrations. The inspector was told that staff try to meet residents' individual requests such as requests to visit their homes if they wish. Religious services also took place regularly.

Residents who are very frail in relation to dementia or due to physical frailty are assessed regularly and the programme is adapted to ensure that they can participate fully as their needs change. There were some residents who preferred to spend time in their rooms or who had advanced dementia and were very frail and a schedule of visits from care and activity staff was in place to ensure that they were not isolated. Some residents had one to one social care when required. Residents in Finn View unit where care is of a short term nature were noted to have rehabilitation programmes and input to suit their specific needs. The provision of social care in Woodville unit was subject to variation as the staff team were at times fully engaged with the acute care needs of residents and could not devote time to specific social care activity. The inspector noted

for example that while staff were able to undertake some formal activity, they could not always commit to executing this on a regular basis due to the changing needs of residents, regular admission and discharge activity. It is a requirement of this report that staff allocations are reviewed so that activity can be provided more consistently to meet the needs of residents.

The use of psychotropic and night sedative medication was regularly reviewed in all units. Staff had developed a close working relationship with other specialist services such as the team for old age psychiatry and palliative care services. Residents who required regular alteration to complex medication regimes had input from multidisciplinary professionals to ensure safe care and best outcomes for residents. The person in charge and nursing team were well informed about medication in use, how medication interactions could impact on residents and monitored outcomes closely. Staff could for example describe where residents were sensitive to particular medications and where doses had to be critically managed. Relatives told the inspector that staff kept them informed about medication and treatment changes during visits and telephone calls.

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and care plans were in place to minimise risk. A falls prevention programme was in place and there was an alert by each resident's private area that indicated level of risk which in turn prompted staff to observe preventative actions related to the assessed risk.

Wound care problems were noted to be assessed appropriately and to have appropriate wound care plans in place. The inspector reviewed how a wound care problem present on admission was being managed. The records provided a clear overview of the extent of the extent of the wound, the management plan in place and if interventions were effective. There was suitable equipment in place to ensure the resident's comfort and an up to date and complete record of position changes and nutrition status.

There were procedures in place for the prevention, detection and response to abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff conveyed a good knowledge of adult protection issues. Some senior staff had completed the safeguarding vulnerable adults training and were familiar with the process for completing protection plans. The inspector noted that suitable plans had been put in place where there were protection issues. In some cases the protection concerns related to residents with dementia who had invaded the privacy of others and spontaneous incidents of restless or aggressive behaviour that had impacted on others. There was an ongoing programme of refresher training to ensure that staff remained familiar with the procedures to follow should an abuse situation arise and to keep them up to date with current practice.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

There were procedures in place for the prevention, detection and response to abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff conveyed a good knowledge of adult protection issues. Some senior staff had completed the safeguarding vulnerable adults training and were familiar with the process for completing protection plans. The inspector noted that suitable plans had been put in place where there were protection issues. In some cases the protection concerns related to residents with dementia who had invaded the privacy of others and spontaneous incidents of restless or aggressive behaviour that had impacted on others. There was an ongoing programme of refresher training to ensure that staff remained familiar with the procedures to follow should an abuse situation arise and to keep them up to date with current practice.

Staff told inspector that the time devoted to individual care, to listening to and observing residents' behaviours and their experience and training contributed to how they delivered care to ensure residents' safety and well being. Nursing staff described how they monitored for the presence of infections, constipation, and changes in vital signs in order to establish the causes for fluctuating or changeable behaviour. Staff conveyed competence in this area and there were details in daily nursing notes and in behaviour records that described trigger factors for responsive behaviours and how interventions had addressed issues that arose. Staff told the inspector that being aware of trigger factors and ensuring that residents felt secure were factors that limited distressed behaviours. When issues arose there was evidence of multidisciplinary review. There was a policy in place to guide staff in the management of fluctuating behaviours and staff had received training on understanding and managing aspects of dementia. One member of staff had attended an awareness day that focused on how dementia and sensory impairment was actually experienced by people with the condition and this had been very useful and it was hoped that more staff would be able to attend this experiential learning exercise.

Residents that the inspector talked to said they felt the centre had helped them " to get well and staff had helped them settle and be content in the hospital" and "be free from worry". They said that "staff are always nearby" and are "kind and always happy".

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector spent time observing the delivery of care and staff interactions with residents. A validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the Woodville unit. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at two different times for intervals of 30 minutes. In the first observation, the inspector found 80% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 ( positive connective care). The observation took place in the sitting room where residents were spending time before evening tea. Staff provided kind and interactive care, with lots of friendly chatting and laughter evident. Several staff were observed to help residents engage in conversation and to point out items of interest when walking with them around the unit during periods when they were unsettled and needed reassurance about their well being.

The second observation period was undertaken after tea when residents were relaxing and some were having visitors. Residents sat in small groups and staff assisted people who needed help and encouraged others to eat independently for the duration of the meal or for whatever period they could manage. The inspector saw many positive interactions where staff chatted to residents while prompting their independence. It was evident from the engagement that staff knew residents well and were familiar with their individual preferences and personalities. The observations enabled the inspectors to conclude that residents experienced positive connective care that enhanced their well being and quality of life.

Residents' privacy was respected. They received personal care in their bedroom areas and curtains were fully drawn around beds. There were no restrictions on visitors and residents could receive visitors in private. Residents' capacity to make decisions and give consent was described in care plans. Residents could choose what they liked to wear and the inspector saw residents were well dressed and well groomed. The day to day routine reflected residents' choices and behaviour patterns. Residents got up and went to bed at times that suited them. Their meal preferences were facilitated. Consultation with families was a high priority according to staff particularly when residents were in either the assessment or final stages of their dementia journey as communication could be limited. Family members told te inspector that staff asked them about aspects of residents' lives to help them understand residents' needs better.

**Judgment:**

Compliant

### ***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a complaints policy that met the requirements of Regulation 34- Complaints procedures. It was displayed and included in the residents' guide. Residents and relatives the inspector talked to knew how to make a complaint and said that they had confidence that matters raised would be addressed. The person in charge explained that issues of concern are addressed promptly at local level and resolved if possible. All complaints were relayed to her and recorded even if resolved by staff and more complex complaints were addressed through the formal complaints procedure.

A review of complaints recorded to date showed that they were dealt with as described by the person in charge. All complaints were recorded. Complaints of a complex nature were addressed by the person in charge, the provider and where required the HSE Consumer Affairs Officer as part of the appeals process. The required details such as the outcome of the complaint and if the complainant was satisfied were recorded.

**Judgment:**

Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that staff were attentive and provided a high standard of care throughout all units however the provision of social care in Woodville unit was hindered by the absence of dedicated time for this aspect of care. While care and nursing staff were fully engaged with residents all the time, this engagement was focused on meeting supervision and care practice requirements and specific social care activities could not always be planned or delivered consistently. The inspector judged that this outcome was moderately non compliant. In view of the recognised positive impact of social care interventions it is a requirement of this report that the staff allocation to this unit is reviewed and appropriate staff numbers in an appropriate skill mix provided to meet the

assessed needs of residents taking in to account the layout of the unit and the care needs of residents. There was a significant vacancy factor of eleven staff due to maternity leave and non replacement of staff. Applications for replacements had been made with the associated business case but no appointments had been made.

Training records were reviewed and showed that all staff had been provided with required mandatory training such as fire safety, moving and handling and adult protection. Professional development training on topics that included nutrition, hand hygiene and restraint was provided as part of a rolling programme. A specific dementia care training course had been developed by the local nursing development unit. This was a 3 day training programme that covered all aspects of dementia care and a number staff were allocated to attend each session. All staff in Woodville unit had training on the management of responsive behaviours and on “break a way techniques”. Staff who had specific roles such as the activity coordinator had training to equip her for this role and this included training in the provision of exercise programmes. Staff reported that they had good opportunities for training and development.

An action plan in the last report identified that while all the schedule 2 documents were available for staff the information was difficult to find. This had been addressed. Staff files had been reorganised to ensure information was readily accessible. Garda vetting was available for all staff the inspector was told by the person in charge. Agency staff employed provided evidence that appropriate clearance had been sought by the agency.

Varied staff interviewed said that a good team spirit had been fostered and that they worked cooperatively to meet the needs of residents.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**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:**

St. Josph’s Community hospital is operated by the Health Service Executive (HSE). It has been modified and altered over the years to improve the environment and to ensure that adequate personal space is available for residents. The building was comfortably warm, had good natural light and was generally well maintained.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess,

monitor and analyze potential risks and control measures were in place to ensure risk was minimised. There has been an annual upgrade programme in place to address premises deficits highlighted in reports. An action plan in the last report that required that shower and bathroom facilities be improved had received attention. The shower area in the Woodville unit had been upgraded to a good standard and additional facilities had been provided in the Finn View and Barnesview units. The areas now scheduled for attention include the upgrade of a single room in Woodville and the replacement of damaged flooring in some areas.

The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated. All units were visibly clean, comfortable and welcoming. The decoration was of a good standard and a good level of personalisation was evident in residents' bedroom areas. Residents the inspector spoke to confirmed that they felt comfortable in the centre.

The Barnesview unit that accommodates residents long term was extensively upgraded three years ago. Sitting and dining areas here were noted to be comfortable and homelike in layout. The Woodville unit was also well organised with communal sitting and dining areas spacious and furnished in a manner that contributed positively to dementia care practice. There were fire places, items of memorabilia that prompted memory and good use of colour in evidence. Bathroom, toilet and bedroom areas were readily accessible. There were old fashioned latches in toilet area and primary colours were used to enhance the visibility of the facilities.

The main issue in this centre is the multiple occupancy bedrooms, where it is difficult to provide adequate levels of privacy and adequate storage facilities for personal clothing and possessions when residents are accommodated long term. There are 18 communal bedrooms in total and they accommodate 3, 4 or 5 residents. They are large areas measuring 32 square metres but privacy cannot always be maintained effectively and storage for personal belongings is limited. The inspector noted that staff had ensured that personal areas were identified with photographs, ornaments and pictures and this contributed to creating a comfortable atmosphere in bedroom areas.

All parts of the building were comfortably warm, well lit and ventilated. Bedroom windows enabled residents to have a view of the outdoors and surrounding countryside. The centre has an enclosed sensory garden that is accessible from both the Barnesview and Woodville units. It has covered walkways and can be used throughout the year. The inspector noted that it had been well cultivated and provided an attractive interesting space where residents could enjoy the outdoors. It had a number of ornamental features in the form of gardening implements to prompt memory. Bird tables were also visible from the dining room and hallways.

**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:***

Geraldine Jolley  
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 report<sup>1</sup>

<b>Centre name:</b>	St Joseph's Community Hospital
<b>Centre ID:</b>	OSV-0000625
<b>Date of inspection:</b>	15/11/2016
<b>Date of response:</b>	30/01/2017

#### 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 01: Health and Social Care Needs

##### Theme:

Safe care and support

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

The social care available in the Woodville unit fluctuated due to staff commitments to other care duties and regular social care opportunities were not available.

##### **1. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident,

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

including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

An Activities Coordinator will be appointed to provide social care in Woodville to residents on a daily basis .

**Proposed Timescale:** 30/01/2017

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

The staff deployment model required review as there was inadequate staff available in the Woodville unit to ensure that a regular and consistent programme of social care was planned and available.

**2. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The staff redeployment model has been reviewed and an Activities Co Ordinator will be appointed to ensure that a regular and consistent programme of social care is planned and available.

**Proposed Timescale:** 31/03/2017

**Outcome 06: 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 centre's design and layout does not provide appropriate space standards to always maintain appropriate standards of privacy and dignity to all residents as there are 18 bedrooms that accommodate 3 or more residents.

**3. 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:**

HSE Estates have engaged architects to review the accommodation in St Josephs Hospital in relation to increasing the privacy and dignity of residents. When this report is available a submission for funding will be made. In the interim staff are aware of the constraints of the current ward and are conscious of the need to maintain the privacy and dignity of residents in order to provide person centred care .

**Proposed Timescale:** 30/04/2017