

**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
<b>Number of residents on the date of inspection:</b>	57
<b>Number of vacancies on the date of inspection:</b>	21

## **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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 30 August 2017 12:00 To: 30 August 2017 18:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This inspection was unannounced and was undertaken in response to an application from the provider to vary a condition of registration in relation to the number of residents accommodated. During the inspection, the inspector met with residents, visitors and staff members. The inspector focused mainly on the layout of the premises during the inspection but other areas were reviewed and these included the actions taken to address non compliances identified during the last inspection and care plans in relation to residents with complex care needs.

The inspector spoke with residents in each of the three units. Other residents were spoken with individually. All residents described their care and time in the centre in positive terms. Staff were regarded as "helpful and kind", "very supportive in their efforts to help us go home and keep independent" and one resident said that "staff are lovely and kept very busy". They said that food was "excellent and that good choices are offered at each meal time" and also said "the staff will get you anything you want". Residents also said they enjoyed the activities and valued the efforts made to ensure that life in the centre was interesting and stimulating for them. There was a programme for activities and an action plan in the last report where social care was found to be inconsistent in the dementia care unit- Woodville was addressed. The inspector saw that there was a comprehensive schedule of activity for this unit and this was facilitated by designated staff daily.

Care, nursing and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain

stimulated and engaged with their treatment programmes and daily activities. Two residents told the inspector that they found their regular periods of respite care beneficial and said that this helped them and their families. Some residents admitted for periods of rehabilitation described improvements in their mobility and appetite and said that they were able to enjoy life more now that their level of independence had improved. Residents who had dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support. Some residents who displayed behaviours associated with dementia had high levels of support to ensure their safety and well being and the inspector saw this had a beneficial outcome for residents.

The centre was originally established as a district hospital and has been modified over the years to provide a range of facilities for people who need nursing care and services are predominantly targeted towards the care of older people. It comprises of three units. Woodville accommodates up to 16 residents who have dementia care needs. There are five places for long term care here and the remaining places are allocated to residents who require assessment or respite care.

Barnesview accommodates 25 residents. There are 3 places allocated for respite care and the remaining 22 places are devoted to residents who require long term care. The inspector saw that staff were providing care across a wide spectrum of dependency levels. Finn View provides care to 26 residents who need rehabilitation, convalescence or respite care and residents are usually admitted to this unit on a short term basis for specific programmes of care or while assessment for long term care is undertaken.

There have been varied improvements made to the building over recent years to improve the environment and make it more home like for residents. The changes have included an upgrade of the fire safety and security arrangements and the introduction of new furniture in light bright colours. There has also been a reduction in the number of residents accommodated in the majority of communal bedrooms. However there remains ongoing premises non compliances. The majority of residents continue to be accommodated in rooms that accommodate three people or more. Three bedrooms in the Finn View unit accommodate five and six residents. There is a total of eighteen communal bedrooms in use. While some rooms provided a good allocation of personal space the layouts in general do not enable residents appropriate privacy standards and compromise how staff can protect residents' dignity. As an example none of these bedrooms have ensuite toilet or washing facilities which means that residents have to travel through public hallways to reach these facilities. In all units there are some bedrooms where residents are over 20 metres from the nearest toilet. There is also a deficit in the number of shower/ bath facilities available for the number of residents in Barnesview and Finn View units. Wash hand basins in bedrooms are not readily accessible and compromise the privacy of some residents when in use due to their location. Information provided to HIQA indicates that there is a reconfiguration of services underway in the county and that plans for new facilities have been commissioned. An action plan in this report requires that HIQA is advised of the proposed plan and the time line for completion to ensure the required premises standards are met.

The last inspection of the centre was conducted on 15 and 16 November 2016 and

was a dementia thematic inspection. There were three actions outlined for attention and the inspector found that actions related to social care and staff allocations had been addressed. The action on premises remains outstanding as outlined above.

**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 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose requires review to reflect all the required information outlined in schedule 1-Regulation 3, Information to be included in the Statement of Purpose. The current version received by HIQA in May 2017 indicates that the maximum occupancy of bedrooms is five however the inspector found that ward three in the Finn View unit accommodated six residents on the day of inspection.

The current configuration of the centre and the occupancy of all bedroom should be described in the revised document. .

**Judgment:**

Substantially Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

There were 57 residents accommodated in the centre during the inspection. The inspector found that there were significant levels of dependency and complex care needs being addressed by staff. Some residents in the Woodville dementia care unit required high levels of nursing care and one to one support to maintain their safety and well being. Residents in other units were also found to have complex care needs and the majority had a range of medical conditions that required active treatment.

The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The assessments completed at the time of admission were reviewed regularly and were linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that the ethos of person centred care was promoted each day. Residents could for example get up at times of their choice and could spend time in bedroom areas or in sitting rooms. They could choose to take part in an activity. The sitting areas were supervised and the inspector observed that staff greeted residents and engaged them in conversation when they entered each area. There was an emphasis on ensuring that all residents were engaged and included in interactions.

Staff who had completed the "Virtual Dementia Tour" were enthusiastic about the impact this had and how it influenced their work on a day to day basis. Some staff had also attended training on the person centred care approach being introduced and had cascaded information to other staff to ensure that changes being introduced were understood by everyone. The inspector found that staff identified varied events or communications from residents as person centred care "moments" and were able to use these to understand residents' needs better, to get to know them as individuals and overall staff said that the renewed emphasis on person centred care had been very positive for practice.

Care plans provided a good overview of residents' care and how care was delivered. The inspector reviewed care plans in both the Woodville and Barnesview units. The way responsive behaviour and social care was addressed was reviewed in Woodville. The inspector found that there were detailed care plans for residents with behaviours associated with dementia. The types of behaviours presented were outlined and the care interventions to be put in place to ensure well being and relieve distress were outlined clearly with sensitive commentary that reflected the person centred care approach.

Social care options were outlined well and there was an established programme of meaningful and engaging activity organised daily. The activity coordinator told the inspector that she had taken on this role in June and had worked hard to ensure residents had something to do each day. During the summer months residents had gone on trips to local places of interest, to visit their home locality and to local towns. On one trip a resident had been able to visit a neighbour and a local shop and another had been to Killybegs where they had not been for several years. Activities that took place in-house included reminiscence, old time music, sing a longs, coffee mornings and games. There was also an emphasis on spontaneous activity initiated by care staff and nurses

who encouraged residents to sing, talk and chat together. Overall the inspector found that health and social care was delivered to a high standard. The centre has a minibus available to take residents on trips. The action plan outlined in the last report was completed. There was now a regular programme of social care available with dedicated staff to ensure consistency in how this was delivered.

Care plans for wound care problems were reviewed. There were two wounds in receipt of attention. There were specific care plans in place that were regularly assessed both at each dressing change and when personal care was delivered. The inspector found that good practice standards were adhered to and there were wound measurement charts in use, pain assessment recorded and progress and changes in the wound site were clearly evident in the record.

There was good access to specialist services and to allied health professionals according to staff interviewed. Their assessments were recorded and the associated instructions that staff were expected to follow were known to staff and followed in daily practice.

There was documentary evidence that residents or their representatives were involved in the development and review of residents' care plans. Relatives and visitors confirmed that staff consulted with them, kept them up to date on progress and said that their contributions were used by staff to organise residents' daily routines. They were confident that their views were welcomed and said that good relationships with staff had meant that at critical times they were able to talk to staff about progress and change in their relatives' health.

Finn View unit accommodates residents who require rehabilitation, periods of convalescence or respite care. A review of the time residents spent in this unit indicated that six residents had been there for 100 days or longer. Two residents had lived there over a year. These prolonged admissions were due to delays in organising home care support and administration problems.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***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, 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:**

The centre originally established as a district hospital has been modified over the years to provide a range of facilities for people who need nursing care and services are predominantly targeted towards the care of older people. The majority of residents are accommodated in communal bedrooms that accommodate four people or more. The inspector reviewed the bedrooms, communal areas, provision of toilets and bathrooms, availability of storage for residents and observed the ways staff could protect privacy and promote dignity.

The centre was visibly clean, tidy in all areas, warm and welcoming. A range of fixtures and furniture in varied colour combinations added to the comfort of the environment. For example furniture in the Barnesview unit was light in colour, curtains and bedlinen were well coordinated and there were clocks, mirrors and pictures to add interest to the layout. There is adequate communal space in all units. There are attractive gardens that are accessible to the Barnesview and Woodville units. These were noted to be well used throughout the day. Residents and visitors said they liked to sit outside as the gardens had an interesting layout and had plenty of seating. There are several clinic areas that are in regular use. These are at the entrance of the building. There are also two churches that are accessible to residents. The larger Catholic church is centrally located and the Church of Ireland church is located near the entrance to the Barnesview unit. Both are in use.

The deficits in the premises have been outlined in previous reports and while many have been addressed there remain significant challenges to the delivery of person centred care, the provision of adequate standards of privacy and how staff can promote dignity in a way that positively impacts on quality of life.

The main findings from the review of the premises were:

Woodville unit:

This unit has a good provision of communal space for the 16 residents that are accommodated here. There are 2 sitting areas/dining rooms and a large separate dining room all of which average 62 sq m each.

There are four toilets and two showers for the complement of 16 residents. There are 2 female toilets and a shower in both male and female areas. These are accessible to the communal sitting rooms however from ward C residents have a long walk from the bedroom to the toilet area. There is one wash hand basin in the communal bedrooms and some of these are located in corners and near one resident's bed which invades their privacy when other residents wish to use them.

Barnesview unit:

The communal bedrooms here accommodate a maximum of four residents. There are four rooms that accommodate three residents and three rooms that accommodate four residents. There is one single room with an ensuite facility. There is a shower and toilet facility next to Ward 1 for the 9 residents accommodated in the L wing. Ward 3 is the longest distance from the toilet as residents have to come out of that bedroom area and pass ward areas 2 and 1 to get to a toilet which is a distance of approximately 20

metres.

There are 4 toilets on the first corridor (excluding the ensuite toilet in the single room) that accommodates 15 residents. There is one shower and a bath in the accessible bathroom for the 16 residents on this main corridor. Bedrooms have one wash hand basin and as described above the location compromises privacy and access.

**Finn View:**

This unit provides short term care to 26 residents who require periods of rehabilitation, respite, convalescence or end of life care. On the main hallway there are two bedrooms that accommodate five residents and one that accommodates six residents. These bedrooms were noted to be confined and it was difficult for staff to manoeuvre trolleys and wheelchairs around beds taking into account the screens around beds particularly when residents were sitting in arm chairs. There is also a single room on this hallway that has an ensuite toilet and wash hand basin. There is one shower for the 17 residents accommodated on this corridor.

The L wing is around the corner from the main hallway. There are nine male residents accommodated here in two rooms that have four beds and a single room. There is one shower and one toilet available. This facility is located before the entrance to ward 1. Residents from the single room and ward 3 have a distance of 20 metres to travel to get to the nearest toilet. There was one wash hand basin available to residents in the communal bedrooms.

In summary the layout of communal bedrooms in all units hinders how privacy and dignity standards can be maintained. Wash hand basins are located near a bed area which means that this residents' space is compromised and disturbed every time the wash hand basin is used. Residents have to travel to toilet facilities and in some wards the distance from bedrooms to toilets is twenty metres. In one corridor in Barnesview and Finn View the provision of toilets and bathrooms is inadequate for the number of residents accommodated. Information provided to HIQA in 2016 confirmed that a reconfiguration of long term residential services was scheduled and it is a requirement of this report that an update on progress is provided to ensure that residents in this centre have appropriate standards of privacy and facilities that meet their needs.

**Judgment:**

Non Compliant - Major

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

The action plan in the last report was addressed. The inspector saw that there was a defined allocation of staff to provide social care in the Woodville unit and this arrangement was observed to work well. There were regular activities scheduled and staff were allocated to ensure they were facilitated daily.

The inspector found that there was a good skill mix of staff on duty in all units and regular staff were supplemented with agency staff when care needs indicated that more resources were needed to provide safe and appropriate care. The inspector saw that residents were up and dressed and using the communal areas. However unexpected absences of staff caused some changes to the regular routines the inspector was told and residents' personal choices are sometimes not possible to accommodate because of the shortfall created. The inspector concluded that staff arrangements required review to ensure that personal choices were facilitated in accordance with residents' preferences particularly as the staff deployment model is based on residents' assessed needs.

**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>	30/08/2017
<b>Date of response:</b>	22/09/2017

### 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: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The centre's Statement of Purpose provided to HIQA in May 2017 requires review to detail the current configuration of the centre, the occupancy of bedrooms and all of the information contained in schedule 1 of the regulations.

**1. Action Required:**

Under Regulation 03(2) you are required to: Review and revise the statement of

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

purpose at intervals of not less than one year.

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

The Statement of Purpose was reviewed , amended and sent to the Inspector on 14/09/17. The current configuration of the Centre, the occupancy of the bedrooms and all of the information contained in Schedule 1 of the Regulations are included.

**Proposed Timescale:** 22/09/2017

**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 layout of communal bedrooms in all units hinders how privacy and dignity standards can be maintained. Wash hand basins are located near one bedroom area which means that this residents' space is compromised and disturbed every time the wash hand basin is used.

Residents have to travel to toilet facilities and in some wards the distance from bedrooms to toilets is twenty metres.

There is inadequate shower/ bath facilities in both the Barnesview and Finn View units. In Barnesview unit there is a shower and toilet facility next to Ward 1 for the 9 residents accommodated in the L wing. Ward 3 is the longest distance from the toilet as residents have to come out of that bedroom area and pass ward areas 2 and 1 to get to a toilet approximately 20 metres. There is one shower and a bath in the accessible bathroom for the 16 residents on this main corridor.

There is one shower for the 17 residents accommodated on the main corridor in Finn View and on the L wing there is one shower facility for nine residents.

**2. 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:**

Following the last inspection of the premises all recommendations were implemented with 1 additional shower and toilet facilities provided in both Barnes View and Finn View Wards in order to meet compliance with this Regulation and Standard.

Access to a female toilet has been further provided on the main corridor in Barnes View Ward- the Residential Care Unit as discussed with the Inspector at the time of the Inspection on 30/08/17. A Feasability Study has been carried out by Architects to address the issues outlined in the current report which will be reviewed by HSE Senior

Management . Pending this funding will be sought to carry out the upgrade works required to meet compliance with this Regulation and Standard. A copy of this report will be forwarded to the Inspectorate.

**Proposed Timescale:** 31/12/2017

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staff shortfalls particularly when absences were unexpected or unplanned sometimes caused a limitation to the choices residents had available.

**3. 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 number and skill mix of staff is reviewed on a daily basis by the person in charge of the hospital to ensure that there are adequate numbers and appropriate skill mix of staff to meet the assessed needs of the residents in accordance with Regulation 5, where shortfalls exist due to unexpected or unplanned absences staff are redeployed from areas of non direct patient care into direct patient care until alternative staff have been sourced to ensure that residents choices are met.

**Proposed Timescale:** 22/09/2017