

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Community Hospital
Centre ID:	OSV-0000575
Centre address:	Millstreet, Cork.
Telephone number:	029 70003
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa O'Donovan
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	3

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.

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.

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: 12 August 2014 08:20 To: 12 August 2014 13:00

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

Outcome 09: Medication Management
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidenced-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies submitted to the Authority prior to the inspection and met with the residents and staff. Documents were also reviewed on-site, for example training records, care plans, medication management charts, complaints log, minutes of residents' meetings and audits. The person in charge who completed the provider self-assessment tool judged that the centre had a minor non compliance with regard end-of-life care and a minor non compliance with regard to food and nutrition.

The inspector, on foot of the completion of actions identified by the person in charge in the self assessment, found compliance in the area of food and nutrition. Due to issues concerning the premises, the inspector found a major non compliance in the area of end-of-life care with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end of life care and food and nutrition:

outcome 9: medication management
outcome 12: premises

outcome 16: residents' rights dignity and consultation. Non compliances were identified under these outcomes and are discussed in the body of the report.

The inspector noted that a warm environment existed in the centre. Residents voiced how happy they were with the care they received from the staff and were very complimentary of the meals. There was evidence of improvements arising from the findings of the self-assessment questionnaires. Minutes of residents' group meetings indicated how residents enjoyed the food of offer. Staff spoken with by the inspector exhibited an in-depth knowledgeable about the residents and their backgrounds and were observed caring for residents in a respectful manner while respecting the residents' privacy and dignity.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Medication management documentation indicated that nutritional supplements were prescribed by the GP.

While nutritional supplements were stored in a designated fridge, the date of opening was not recorded on the bottles of supplement.

Judgment:

Non Compliant - Minor

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:

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:

Actions concerning the design and layout of the premises had not been addressed. The premises was inspected against this outcome in so far as it concerned the dining experience of the residents. The premises with regard to the care of the residents at end of life is captured under outcome 14.

The centre had two day rooms; one used by the female residents and one used by the

male residents. The day rooms were also used as a:

- dining area
- a sitting room
- activities
- religious ceremonies
- to store furniture.

Access to the mens' day room/dining room was via the eleven-bedded ward.

A large conservatory, facilitating the entrance to the facility, was also used as a dining area and a sitting area.

The provision of dining space for residents was inadequate.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The person in charge who completed the provider self-assessment tool judged that the centre had a minor non compliance concerning the centre's policy on end-of-life care and to carrying out a post-death audit and review meeting.

The inspector reviewed the centre's policy on end of life care and noted that the policy comprehensively addressed assessing the residents wishes for end of life care; care of the resident approaching end of life; guidance of providing information to families about the signs and symptoms of dying; guidance to staff following the death of a resident; a procedure for staff to follow in attending to the physical care of a deceased resident; laying out of the deceased resident; staff attendance at funeral/sending of sympathy card; staff training and records and audit and evaluation. There was evidence that a discussion was held post a resident's death.

The inspector reviewed a sample of residents care plans with regard to end of life care and noted that the information recorded reflected up to date information on residents' wishes. Residents spoken to the inspector spoke in a positive manner with regard to their care and expressed that in the event of becoming unwell, they would prefer to be cared for in the centre.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and access to ministers from a range of religious denominations. The centre's policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life. A remembrance event was held annually.

Staff training records indicated that 23 staff had attended training by an external provider on care of the resident at end of life.

The centre had available on site, a syringe driver (a mechanical pump used to administer medications) used for symptom management.

Staff were knowledgeable in how to physically care for a resident at end of life.

The inspector reviewed a sample of care plans of deceased residents and noted that the residents had timely access to the general practitioner (GP) and the out-of-hours service. There was evidence that family meetings were convened. The person in charge confirmed that residents had access to specialist palliative care, when required, and records reviewed evidenced this. There was evidence of close links with the local hospice and the advices from the specialist palliative care team were documented. Residents, who required the use of a syringe driver, were regularly reviewed by the GP and as required, by the palliative care team. There was evidence that staff were knowledgeable on the use of the syringe driver.

Documentation indicated that, within the last two years, 100% of deceased residents had their end of life care needs addressed without the need for transfer to an acute hospital.

There was evidence that medication management was regularly reviewed and closely monitored by the GP.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) on what to do following the death. A leaflet containing this information was planned. Booklets on understanding loss and bereavement and counselling services were available.

There was a protocol for the return of personal possessions.

While there was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs, the accommodation provided to ensure appropriate care to residents at end of life was inadequate. Residents' accommodation comprised two eleven-bedded wards, two single rooms and one double room. The centre did not have adequate provision of single rooms to ensure that all residents had access to a single room. It was observed on one resident's notes that a day room, on occasion, had been used at night, to accommodate a resident at end of life.

Where residents' relatives could stay in the day rooms, facilities for residents to stay with their relative at end of life were not available.

Tea/coffee/snacks/meals were provided for relatives. Open visiting was facilitated.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20: Food and Nutrition and Standard 19: Meals and Mealtimes. The person in charge had assessed the centre as having a minor non compliance; the policy on food and nutrition required updating and the times that meals were served to residents were being reviewed. There was evidence that arrangements were in place to accommodate a resident choosing to dine at another time.

A record of staff training submitted to the Authority indicated that education and training for staff on food and nutrition was ongoing.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing. Snacks, home baking, hot and cold drinks including fresh drinking water were readily available throughout the day. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Residents having their meals were appropriately assisted and received their meal in a timely manner.

Assistive cutlery or crockery required for a resident with reduced dexterity was available. There was evidence that residents were reviewed by an occupational therapist.

Records of resident meetings were reviewed and they reflected that the residents were very complementary of the food on offer. Residents stated that they had a choice of meals and that they could ask for any food they wanted.

The inspector met with the head chef who confirmed she met with the dietician on a regular basis to review the calorific and nutritional content of the menus. The chef stated that she met the person in charge and staff on a daily basis. The head chef demonstrated her knowledge of the residents' food choices and preferences, residents

experiencing weight loss/gain and of how she devised the menu. A seasonal menu was in operation. The implementation of pictorial menus was in progress and the inspector saw evidence of same. Up to date information of residents' diets, general dietary requirements to guide staff, was available in the kitchen.

There was evidence that choice was available to residents for breakfast, lunch and evening tea. The breakfast choice included a hot breakfast, a variety of hot and cold cereals, homemade bread, boiled eggs and juices. Residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice in the menu. There was ample evidence that the kitchen staff regularly sought feedback from the residents with regard to the meals served.

A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Breakfast was served to residents from 08:15 hrs onwards. The breakfast trays were nicely presented.

A leather bound menu depicted the choice of the day. Homemade soup was served at 11:00hrs with lunch was served from 12:00 hrs onwards. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately. Staff informed the inspector that residents could choose to have their meal in the dining room or at their bedside. On the day of the inspection, some residents dined in the communal room and a small number of residents dined at their bedside. Residents voiced how they enjoyed their meal. Choices of desserts were served on a trolley. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive manner. Meal times were unhurried and staff were observed using the mealtimes as an opportunity to communicate with residents. The inspector noted staff describing the meal to residents and asking residents if they wished to wear protective attire.

The centre had two dining rooms. The residents' dining facilities were captured under outcome 12.

Evening tea was served from 16:00hrs onwards. The acting person in charge stated that meal times were under review.

There was evidence that residents had access to dietetic services, speech and language therapy services and occupational therapy.

There was evidence that residents had a MUST assessment on admission and regularly thereafter. Staff were familiar with how to assess and use the tool. There was evidence that some staff completed a record of nutritional intake/output for residents.

Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified.

Arrangements were in place to facilitate residents' relatives and friends to assist the resident at mealtimes.

Care planning, with regard to residents who experienced a weight loss was comprehensive. There was evidence that residents' clinical risk assessments informed residents' care planning.

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):

No actions were required from the previous inspection.

Findings:

The acting person in charge was asked to review the duty roster to ensure that the time lunch and evening tea was served at a time that suited the resident and not the staff roster.

Judgment:

Non Compliant - Major

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 Ryan
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Joseph's Community Hospital
Centre ID:	OSV-0000575
Date of inspection:	12/08/2014
Date of response:	26/09/2014

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 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:

The date of opening of nutritional supplements stored in the designated fridge was not recorded.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All nutritional supplements stored in fridges are dated since 12th August 2014.

Complete

Proposed Timescale: 12/08/2014

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

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

Not providing premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre with particular reference to the inadequate provision of dining space for all residents.

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:

The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. In the interim, Local Management are working with Estates to develop an interim plan that will lead to improvement in the environment for the residents.

Proposed Timescale: 01/12/2015

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 providing suitable facilities for the family and friends of the resident approaching

end of life.

Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

Family are informed of the resident's deteriorating condition and approach of end of life, The centre provides comfortable chairs and rugs so they can sit with their relative at this time.

Complete

Proposed Timescale: 26/09/2014

Theme:

Person-centred care and support

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

The centre did not have adequate provision of single rooms to ensure that all residents had access to a single room and particularly when a resident was approaching end of life. Should a resident indicate a preference as to his or her location (for example a private room), such a preference could not be facilitated.

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:

The single rooms the centre has are provided to the resident needing end of life care however, this not possible at all times. The HSE and HIQA work closely together on the implementation of all standards for our residents in our older person facilities. As regards our infrastructural standard, the HSE has carried out extensive reviews and indeed a work plan of each of our centres and this has been given to the Department of Health. The Department have committed to work closely with us on implementation, but obviously this is finance dependent and we are currently awaiting a response from the Department on when extra Capital funding will be made available to complete this work. In the interim, Local Management are working with Estates to develop an interim plan that will lead to improvement in the environment for the residents.

Proposed Timescale: 01/12/2015

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 ensuring that lunch and evening tea was served at a time that suited the resident and not the staff roster.

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:

Additional staffing resources are being provided to allow meal times to change. All meal times are to change from 27th October 2014 as follows: Lunch at 13.00hrs, Tea at 17.00 hrs & light snacks at 15.00hrs and 20.00hrs

Proposed Timescale: 27/10/2014