Health Information and Quality Authority
Regulation Directorate

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

Centre name:	St Joseph's Care Centre
Centre ID:	OSV-0000466
Centre address:	Dublin Road, Longford, Longford.
Telephone number:	043 333 2469
Email address:	emer.hyland@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	4

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, 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.

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

The inspection took place over the following dates and times

From:	To:
23 October 2014 10:00	23 October 2014 17:30

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

Outcome
Outcome 01: Statement of Purpose
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced monitoring and compliance inspection, which took place on 23 October 2014. This announced monitoring inspection was carried out as part of the Health Information and Quality Authority's (the Authority's) regulatory monitoring function and to meet with the recently appointed Person in Charge. This was the seventh inspection of this centre. Previous inspection reports are available on www.hiqa.ie. The inspector reviewed the action plans from the previous two inspections carried out on the 19 February2013 and the 3 October 2013.

The Inspector met with residents, the person in charge (PIC) and staff members during the inspection. Care practice was observed and relevant documentation such as care plans, medical records, accident and incident records, restraint records and policies and procedures were reviewed.

The inspector was satisfied that the residents were well cared for. Residents who were able to express their opinions were complimentary in relation to the care

provided, the staff and the food and stated "staff look after me well, I am comfortable and the food is good ".Residents health care needs were met, the GP attended daily and there was access to a range of allied health professionals. Good levels of staffing were observed by the inspector. Staff informed the inspector that staff turnover was low which contributed to continuity of care and staff were knowledgeable of residents preferred routines. The inspector reviewed records of accidents and incidents that had occurred in the designated centre and was satisfied that all relevant incidents were notified to the Chief Inspector.

While some nursing staff had received training in care planning, this was an area that required further review. A revised risk management process was in place and there were up to date risk assessments with control measures documented for risks identified. The inspector reviewed the nine actions from the previous two inspections. Five actions were complete and four were partially complete. These are discussed throughout the report.

The areas for improvement include mandatory training in fire safety and safe moving and handling to be continuously compliant with current legislation for all staff, care planning and aspects of the physical environment are discussed further in the body of the report. Actions partially completed or not addressed and further actions required from this inspection are included in the action plan at the end of this report to meet the requirements of 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.

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

Findings:
While the action from the previous inspection had been addressed, the statement of purpose required further review to ensure that the up to date PIC and the revised management structure is accurately reflected. It also needs to accurately reflect the room sizes.

Judgment:
Non Compliant - Minor

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
At the time of the last inspection the contracts of care did not include the overall fee charged - they only included the part of the fee paid by the resident. This has been addressed and the contract now includes details of the services to be provided for that resident and the all fees to be charged.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider submitted an application for change of person (PIC) in charge in August 2014. The current person in charge was appointed PIC on the 25 August 2014. The person in charge had submitted details of her nursing experience which included in excess of 20 years of working with older people. She is a registered general nurse having qualified in 1982, has a post graduate qualification in management and a diploma in gerontology. She is supported by an assistant Director of Nursing, who is named key senior manager deputising in her absence. She is also supported by the general manager and provider.

The PIC has line management responsibilities for the nursing, care staff, household and catering. The administration staff were managed by the Community Services Manager.

Her mandatory training in adult protection and her registration was up to date with An Board Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were all in date. She was a trainer in manual handling and her certificate was current. Her fire safety training was not in date. She had continued to keep her skills up to date by undertaking ongoing professional development and had recently completed course on end of life care and diabetes.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years.

The directory of residents had been reviewed since the last inspection and now included the date, place of transfer of residents from the centre or their return date to the centre.

The Complaints policy was to be reviewed to include an independent appeals person prior to the ombudsman. The complaints policy had been reviewed however, the inspector went through the complaints policy with the PIC and found that it still did not clearly identify an independent appeals procedure. The PIC said she would action this immediately.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were appropriate arrangements in place for the management of the designated centre during the absence of the person in charge. An Acting Assistant Director of Nursing and four Clinical Nurse Manager Grade 2 (CNM 11) were available to provide supervision and management support.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or abused. A policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with were aware of the policy and stated that they would report any allegations of abuse immediately and protect the resident. While all staff had received training on identifying and responding to elder abuse some staff had not had refresher training since 2011.

The centre adhered to the national HSE policies on managing residents' finances. A locked safe was provided for valuables. All residents had a locked drawer should they wish to keep any item secure and confidential. Residents spoken to confirmed that they

felt safe in the centre. There was a member of staff on the reception desk and all visitors to the centre were asked to sign in.
Systems in place to safeguard residents' money and property were not reviewed on this inspection. The PIC stated that they followed the HSE's policies on resident's finances and residents received regular statements from the central accounts department.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
At the time of the last inspection a risk with residents' smoking in one of the corridors in the centre was identified. Also the main door of "The Lodge" was left on the latch so anybody could enter or exit unknown to staff and a four point extension-lead was in use and sitting on the floor in a long term residents' bedroom.

The inspector found that these issues had been addressed. The risk management policy had been reviewed and a risk assessment and a policy on management of smoking in the centre have been developed. Designated areas for smoking are available within the centre. No resident who smokes can be accommodated in the Lodge unit. Access to the Lodge has been made secure to ensure the safety and welfare of residents is protected. The four point extension is no longer in use.

A risk management policy which complies with current legislation was in place. The hazard and controls in place to mitigate the risks were documented.

Post the last inspection the provider was requested to provide suitable training for staff in fire prevention and to ensure by means of fire drills and fire practices at suitable intervals, that the staff and as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life. The inspector found on this occasion that a high percentage of staff did not have up to date fire safety training. Some fire drills had been completed but not all staff had participated in one to date. The person in charge informed the inspector that further training in fire safety and fire drills was planned. The inspector reviewed the fire records which showed that all fire equipment had been regularly serviced. The fire extinguishers were serviced annually and quarterly servicing of the fire alarms and emergency lighting system was also carried out.

An in-house, daily check of all escape routes was documented. The inspector found on speaking with staff that all were able to describe the correct procedure to follow in the event of the fire alarm going off and described how they would laterally evacuate residents from one zone to another.

Some measures were in place to prevent accidents and facilitate residents' mobility. Handrails were provided on both sides of the corridor to promote independence. Falls prevention strategies required review as when a resident fell the falls risk assessment for the resident was not reviewed and not all residents who had fallen had up to date risk reduction/falls prevention care plans in place. The care plans reviewed failed to detail if the resident had been referred or seen by the physiotherapist or any other specific preventative strategy to minimise the risk of re-occurrence. Falls diaries were not completed to check whether any trends of common themes were associated with the falls. There was no evidence of an overall review when residents sustained a repeat fall in accordance with evidence-based guidance so that possible contributory factors such as medication, eyesight, continence or footwear could be assessed and a coordinated plan of care put in place to promote the safety of residents. The PIC informed the inspector that preventative measures were being taken to prevent re-occurrence, such as review to physiotherapy, provision of a tactile alarm and/or a low-low bed. All residents who sustained a fall (witnessed or unwitnessed) were subject to neurological observation to ensure they did not sustain a head injury.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary. The person in charge was aware of the need to ensure that all staff had training in moving and handling, however, not all staff had up to date moving and handling training.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
A comprehensive policy was now in place which guided staff on all aspects of medication management. The inspector spoke with the nurse who was administering the evening

medication on the day of inspection. She administered medication in line with professional guidelines and was knowledgeable of the medication administered. She described good input from the pharmacist.

Photographic identification was available on the medication prescription chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. A dedicated fridge was used to maintaining cold chain and ensures those medications which required cold storage was stored appropriately.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances on one unit and found them to be correct.

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

Findings:
At the time of the last inspection the inspector found that residents' care plans were not updated when their needs changed outside the three monthly review period. This had not been addressed. Additionally Nurses' daily evaluation records were not linked to the care plan they had in place. While this had been addressed in some cases it was not addressed in all cases. Audits of care plans had been completed but the actions from these audits had not been completed in all cases.

On this inspection the inspector found that while all residents had care plans improvements were required in this area. On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. The inspector noted that the

assessments did not inform the care plans and where an event occurred for example loss of weight, or a fall a reassessment was not always carried out, and where it was completed the care plan was not updated. For example, where a resident had fallen the falls risk assessment or any additional control measures that may have been required to mitigate the risk of re-occurrence was not reflected in the care plan. Additionally care plans were not linked together to give a global view of the residents care. For example, skin integrity, nutrition, mobility and pressure area care were not linked.

Where care plans were reviewed the only evidence available of consultation with the resident was a staff signature that they were reviewed but no narrative or changes to the identified need. A narrative record was recorded for each individual care plan that was enacted each day but it was difficult to obtain an overall clinical picture of the resident. The records generally described aspects of physical care only and did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being. All entries were not timed which is contrary to best practice guidelines from An Bord Altranais.

While there was poor documentary evidence in the care files, the inspector found from talking with the staff and residents that it seemed that residents' overall healthcare needs were met. Staff could describe changes to the identified needs of residents and delivery of care in line with contemporary evidence based practice. The interventions described by the staff reflected the needs of the residents even though not documented in the care plans.

Residents had access to appropriate medical and allied healthcare services with the exception of dietetic services which there was a delay in accessing. Phone access was freely available to the dietician. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. The GP attended the centre daily and was based on site.

The inspector found that progress had been made with regard to the use of restraint. While there continued to be a high usage of bed rails, efforts were being made to reduce this and the overall all usage of bed rails had decreased since the last inspection. No other forms of restraint were in use. The centre's policy on restraint was based on the national policy and guidelines, however, it was not being used to consistently guide practice. Risk assessments for the use of restraint were carried out and reviewed but they did not demonstrate that the use of alternatives had been fully addressed. Care plans had not been developed to guide the care of residents who used restraint.

Judgment:
Non Compliant - Moderate

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 action with regard to accommodating residents in multi occupancy rooms remained live however, plans are in place to ensure that this centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan with costing attached is required to be submitted to the Authority to ensure compliance in this area post July 2015.

The layout and design of the multi occupancy rooms continues to pose difficulties to provide for residents' individual and collective needs in a comfortable and homely way on a daily basis. The residents 'personal space is not designed or laid out in a manner to ensure their safety, encourage and aid their independence and assure their comfort, privacy and dignity. There are nine multi-occupancy rooms eight of which accommodate four residents and one accommodates six residents.

The actions with regard to the window blinds in the Lodge and in St Therese's unit had been completed. A safe and secure accessible outdoor space had been provided for the Lodge and Padre Pio.

Judgment:
Non Compliant - Moderate

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

Findings:
At the time of the last inspection there was no overall procedure to guide staff practice. This had been addressed. An umbrella care plan was developed in relation to end of life care.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The last inspection of this centre was a thematic inspection where Outcomes on end of life care and food and nutrition were inspected. The action from the last inspection related to review of nutritional care policies. Policies on protected mealtimes, provision of nutritionally balanced meals and Guidance for Assisted Feeding have been reviewed and disseminated to all relevant staff.
On this inspection the inspector noted that residents' weights were recorded monthly or more frequently if a risk was identified. However, the inspector noted in one unit where a resident had lost 6.2 kgs in the previous three months and was assessed as high risk on her nutritional assessment, she had not been seen by the dietician since April 2014. As documented under Outcome 11 there was a delay in accessing dietetic services.

Judgment:
Non Compliant - Moderate

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

Findings:
The provider had ensured a good level of staffing and skill mix in order to meet the needs of the residents. On the morning of inspection there were ten nurses and thirteen health care assistants and the person in charge providing care to 64 residents. The inspector reviewed the rosters and saw that this was usual practice. Four nurses supervised the delivery of care during the night shift and there were five care staff also on duty. The person in charge was also present in the centre on a full-time basis. In addition there were 3 catering, one laundry, four household, three administrative staff, a porter and a hairdresser available.

There was a lack of evidence-based practice with regard to assessment and care planning and falls management. Staff members require access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.
A planned and actual roster was in place. A staff handover occurred at the commencement of each shift. The person in charge informed the inspector that all nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

There were 64 residents in the centre on the day of inspection 38 were assessed as maximum dependency, 18 as high, seven as medium dependency and one as low dependency. The inspector noted that residents were supervised in communal areas at all times during the inspection and there was adequate staff in the dining room at lunch time to ensure residents were assisted in a timely fashion.

Residents who were able to communicate with the inspector informed the inspector that staff was always available to look after them. The inspector was of the opinion that the numbers and skill-mix of staff was appropriate to the assessed needs of residents, and the size and layout of the designated centre and that staff were supervised on an

appropriate basis pertinent to their role.

Staff files were not inspected on this inspection as no new staff has been recently employed and staff files have been found on previous inspections to contain all the documents outlined in Schedule 2 of the Regulations. A review of the matrix of training which reflected the last date's staff completed mandatory and other training showed that a large number of staff had not completed mandatory annual fire training since February 2013 and safe moving and handling training was out of date also for some staff.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
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[1]

Centre name:	St Joseph's Care Centre
Centre ID:	OSV-0000466
Date of inspection:	23/10/2014
Date of response:	19/02/2015

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 statement of purpose required review to reflect the up to date PIC, the revised management structure and the room sizes. **Action Required:** Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been reviewed in accordance with Schedule 1 of the Health Act 2007 and forwarded to the Authority on 5th December 2014.

Proposed Timescale: 05/12/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies required review as they had not been reviewed in the past three years.

Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
All Policies Under Regulation 04(3) have been reviewed. Out of date has been identified.

All identified policies will be reviewed and updated by March 31st 2015.

Proposed Timescale: 31/03/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Falls prevention strategies required review

Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Policy SJCC056 Identification and Management of Risks in St Joseph’s Care Centre outlines arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Fall Management systems, e.g. Sensor Alarm Kits are being sourced in order to assist in the prevention of falls.

A Multidisciplinary working group on Falls Management will be reconvened in January 2015.

The purpose of this group will be to review our existing falls management strategies inclusive of more stringent monitoring, documentation, auditing and actions taken to prevent falls.

Proposed Timescale: 28/02/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A high percentage of staff did not have up to date fire safety training.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
As of the 22nd December 2014 all staff working within St Joseph's Care Centre are up to date in Fire Training.

Dates have been sourced from Regional Fire Training Officer for Training in 2015 and a plan is in place in to ensure that all staff are trained in 2015 as per statutory requirements.

Proposed Timescale: 22/12/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments did not inform the care plans and where an event occurred for example loss of weight, or a fall a reassessment was not always carried out, and where it was completed the care plan was not updated.

Care plans were not linked together to give a global view of the residents care.

Where care plans were reviewed the only evidence available of consultation with the resident was a staff signature that they were reviewed but no narrative or changes to the identified need. A narrative record was recorded for each individual care plan that was enacted each day but it was difficult to obtain an overall clinical picture of the resident.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
All Nursing Staff have been informed of the findings of this inspection. Arrangements have been put in place for the CNM 2's of each unit to review care plans with the nominated Staff Nurse. This will ensure more cohesive care recording. Care plan documentation audits are planned for 2015 to monitor compliance All Care Plans to be compliant with standards by April 30th 2015.

Particular reference is being made to

• Assessments not informing the care plans

• Ensuring evidence of re assessment and care plan review for example if a loss of weight or a fall has occurred.

• Care plans not linking together to give a global view of the residents care.

• Ensure documentary evidence with regards review of care plans inclusive of any consultation with the resident and or their significant other.

• All care plans to reflect an overall clinical picture of the resident.

Proposed Timescale: With immediate effect, to April 30th 2015.

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a delay in accessing dietetic services.
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Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
A significant deficit has been highlighted in the provision of dietetic services to Older Person Services.

A Risk Assessment for St Joseph's has been completed and escalated to Area Manger and Head of Dietetic Services by the Director of Nursing.

All residents identified as at risk are being identified and individually risk assessed in order to get a prompt review as required.

A Risk assessment has also been completed by Community Dietitian manager and Applications have been submitted to HSE Management for replacement of two WTE Dietitian's for Care of the Older Persons sites.

While the process of recruitment for a Dietitian is being processed by HSE, interim arrangements have been put in place locally. This has ensured that any resident deemed a nutritional risk is referred to the Dietetic services and the residents identified are being reviewed accordingly

Proposed Timescale: 09/01/2015

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 and design of the multi occupancy rooms continues to pose difficulties to provide for residents' individual and collective needs in a comfortable and homely way on a daily basis. The residents 'personal space is not designed or laid out in a manner to ensure their safety, encourage and aid their independence and assure their comfort, privacy and dignity. There are nine multi-occupancy rooms five of which accommodate four residents and one accommodates six residents.This does not comply with the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan with costing attached is required to be submitted to the Authority to ensure compliance in this area post July 2015.

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:
Work is planned to be commenced in 2015 to ensure that building and resident accommodation is in line with Regulation 17(2) of the Health Act 2007.

An overall proposed plan for building works was submitted for approval with Application to Renew Registration Renewal Pack. This documentation was forwarded to the Authority as requested on 15th/12/2014.

Pending approval, an out line of planned works is at follows:

- Design Team Appointment
- Project Program
- Preliminary / scheme design
- Statutory compliance , fire / DAC/ Planning
- Detailed design
- Tender Design
- Tender documents & seek tender 104 weeks
- Refurbishment of existing 85weeks

The HSE Estates are unable to give an definitive date to this work as negotiations regarding funding/Plans for Refurbishment are still on going with the HSE and HIQA at a National Level.

Proposed Timescale: 205 weeks from commencement of works. – December 2016

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In one unit where a resident had lost 6.2 kgs in the previous three months and was assessed as high risk on her nutritional had not been seen by the dietician since April 2014. As documented under Outcome 11 there was a delay in accessing dietetic services.

Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
A regional policy on Nutritional Screening & Assessment – Use of MNA (Mini Nutritional Assessment) in HSE Residential care sites for Older Persons is in place which gives guidance to Staff Nurses working in the Centre. This policy guides actions to be taken if a resident is identified as at risk of malnutrition, such as commencing Food Fortification or prompting a referral to dietician services.

A significant deficit has been highlighted in the provision of dietetic services to Older Person Services.

A Risk Assessment for St Joseph’s has been completed and escalated to Area Manger

and Head of Dietetic Services by the Director of Nursing.

All residents identified as at risk are being identified and individually risk assessed and in order to get a prompt review as required.

A Risk assessment has also been completed by Community Dietitian manager and Applications have been submitted to HSE Management for replacement of two WTE Dietitians for care sites for older persons.

While the process of recruitment for a Dietitian is being processed by HSE, interim arrangements have been put in place locally. This has ensured that any resident deemed a nutritional risk is referred to the Dietetic services and the residents identified are being reviewed accordingly.

Proposed Timescale: 09/01/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence-based practice with regard to assessment and care planning and falls management.

Safe moving and handling training was out of date also for some staff.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Care Planning
All Nursing Staff have been informed of the findings of this inspection. Arrangements have been put in place for the CNM 2's of each unit to review care plans with the nominated Staff Nurse. This will ensure more cohesive care recording. Care plan documentation audits are planned for 2015 to monitor compliance.

Particular reference is being made to

• Assessments not informing the care plans

• Ensuring evidence of re assessment and care plan review for example if a loss of weight or a fall has occurred.

• Care plans not linking together to give a global view of the residents care.

• Ensure documentary evidence with regards review of care plans inclusive of any

consultation with the resident and or their significant other.

• All care plans to reflect an overall clinical picture of the resident.

Falls Management
Policy SJCC056 Identification and Management of Risks in St Joseph’s Care Centre outlines arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Fall Management systems, e.g. Sensor Alarm Kits are being sourced in order to assist in the prevention of falls.

A Multidisciplinary working group on Falls Management will be reconvened in January 2015.

The purpose of this group will be to review our existing falls management strategies inclusive of more stringent monitoring, documentation, auditing and actions taken to prevent falls.

Manual Handling Training
Actions have been taken that all staff out of date in their Moving and Handling Training will have training complete by 19th January 2015.

Procedures are now in place to ensure that all staff identified as requiring an update in Safe Moving Handling in 2015 will receive training within the required timeframe.

Proposed Timescale: 30/04/2015