

**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 Home
<b>Centre ID:</b>	OSV-0000287
<b>Centre address:</b>	Killorglin, Kerry.
<b>Telephone number:</b>	066 976 1124
<b>Email address:</b>	stjosephskillorglin@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of St. Joseph of Annecy
<b>Provider Nominee:</b>	Margaret Lyne
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	5

## **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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
05 November 2014 09:45	05 November 2014 18:30
06 November 2014 08:45	06 November 2014 16:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
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 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

St. Joseph's Home is a single storey premises comprising 40 beds and is situated in a rural area approximately one kilometre from Killorglin town. It was established in the 1970s as a purpose built residential care setting.

During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard. The provider and person in charge were knowledgeable of their obligations

under the relevant standards and regulations, and demonstrated a commitment to providing a high standard of care to residents. Nursing and care staff were knowledgeable of residents' needs and provided a high standard of care. There was good access to GP services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

A number of completed questionnaires were received from residents and relatives and the overall feedback indicated satisfaction with the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Even though care was provided to a good standard, some improvements were required, most notably in the design and layout of the premises. There were eight triple bedrooms and the inspector was not satisfied that there was adequate space between the beds to provide for free movement of staff and residents or to manoeuvre assistive equipment such as hoists and chairs. Other improvements required in relation to the premises included the absence of suitable hand washing facilities for staff, particularly in the sluice rooms.

In relation to governance and management; improvements were required in addressing staff performance, when it was not at the required standard, to minimise the impact on residents and the submission of notifications to the Authority as required by the regulations. Additional required improvements included:

- evacuation procedures for residents with mobility impairment
- audit and quality improvement
- staff training and development policy
- care planning

The Action Plan at the end of the report identifies what improvements are needed 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):**

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that accurately described the service provided in the centre. It contained all of the items specified in the regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Housekeeping staff, care assistants, administration staff, staff nurses and the clinical nurse manager reported to the person in charge, who in turn reported to the provider nominee. The person in charge reported to the provider nominee through regular structured meetings and the provider was also available in the centre on a daily basis for informal consultation.

A significant number of audits were undertaken on a weekly and monthly basis. Weekly

audits comprised a review of residents' records to identify issues such as the use of restraint, the use of psychotropic (sedative) drugs, incidence of pressure sores and the number of residents with urinary catheters. There were audits of the records of respite residents identifying issues such as the use of mobility aids, allergies, falls, level of pain and complaints. However, there was not always evidence that many of these audits contributed to quality improvement. The person in charge informed the inspector that she was in the process of addressing these shortcomings. For example, the monthly audits of residents' weights had recently been amended to incorporate actions in response to weight loss or weight gain, such as referral to a dietitian or a review of medications by a general practitioner (GP). There were monthly audits of medication management and evidence of action in response to issues identified. The audit process included consultation with residents through resident/relative questionnaire and residents meetings.

Some issues were identified for improvement in relation to governance and management. While there was a process in place for staff appraisal, records indicated that where issues were identified in relation to staff performance; it was not always addressed in a timely manner to minimise the impact of poor performance on the care and welfare of residents. Additionally, as discussed under Outcome 10, notifications required to be submitted to the Authority as specified in the regulations were not always submitted.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a residents guide available to residents and the inspector noted that it contained all the items specified in the regulations. Each resident had an agreed written contract of care that was signed by or on behalf of the residents. The contract included details of the services to be provided and the fees to be charged, however, the fees for all additional services were not clearly specified, such as the cost of physiotherapy, chiropody or the cost for a member of staff to accompany a resident to a hospital appointment.

**Judgment:**

Non Compliant - Minor

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***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 centre was managed by a registered nurse who worked full time and had the required experience in the area of nursing of the older person. Throughout the two days of inspection the person in charge clearly demonstrated that she had sufficient clinical knowledge and a sufficient knowledge of the legislation and of her statutory responsibilities.  
  
The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection the person in charge was seen to interact with residents and it was evident that residents were familiar with her. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

**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):**  
No actions were required from the previous inspection.

**Findings:**

As part of the registration renewal application the provider submitted evidence of insurance against accidents and injury to residents, staff and visitors. The centre maintained the records listed in Schedule 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Evidence that the centre was in compliance with relevant planning and fire safety legislation was signed by a suitably qualified person and submitted to the Authority.

There were written operational policies as required by Schedule 5 of the regulations and all had been reviewed within the last two years. However, there was no policy on staff training and development and as will be discussed in more detail under Outcome 7, the policy on the recognition and response to allegations of abuse required further review.

**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 was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge was supported in her role by a clinical nurse manager, who took charge of the centre in the absence of the person in charge.

**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:**

There was a policy in place on the understanding and prevention of elder abuse, most recently reviewed in January 2014. While the policy provided guidance in recognising and reporting suspected abuse, it did not provide adequate guidance on the investigative process or the safeguarding mechanisms to be put in place in the event of an allegation of abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse, however, not all staff members had received up-to-date training on the recognition and prevention of abuse. There were no allegations of abuse, however, as already discussed under Outcome 2, where concerns were identified in relation to staff performance and the impact of poor performance on resident care, it was not always addressed in a timely manner. Residents spoken with by the inspector stated that they felt safe and were complimentary of the care provided.

There was a policy in place for managing behaviours that challenge. Based on discussions with staff and a review of residents' records, staff had the knowledge and skills to appropriately respond to and manage incidents of challenging behaviour. There was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used.

The inspector viewed a sample of residents' finances and was satisfied that there were adequate systems in place to safeguard residents' money.

**Judgment:**

Non Compliant - Minor

***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):**

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

**Findings:**

There were up-to-date policies and procedures relating to health and safety. There was an up-to-date safety statement. There was a risk management policy and associated risk register that outlined the measures in place to control the risks identified, however, it did not address all the risks specified by the regulations. For example, it did not address the controls in place to minimise the risk of abuse; accidental injury to residents, visitors or staff; aggression and violence; or self-harm.

There was a health and safety committee that held meetings approximately every six months. Based on a review of a sample of minutes for this meeting the inspector noted that issues discussed included a review of risks throughout the centre and measures to be put in place to control those risks. The inspector reviewed the accident and incident log. The log primarily contained records of residents' falls and the actions taken in response to individual incidents, however, there was no overall review of accidents and incidents to identify trends as an opportunity for quality improvement.

There was an emergency plan that addressed major emergencies including fire, and also addressed emergencies such as loss of power, loss of kitchen, and the safe placement of residents in the event of a prolonged evacuation.

Measures in place for the prevention and control of infection included a colour coded cleaning system, a cleaning schedule and hand hygiene gel located at suitable intervals throughout the centre. However, the inspector was not satisfied that hand washing facilities were in line with guidance on the prevention and control of healthcare associated infections. For example, there were not suitable hand-washing facilities throughout the centre and in particular in the sluice rooms, and the taps on a number of wash-hand basins did not have hands free mechanisms to enable staff comply with appropriate hand hygiene techniques. There were suitable practices for the management of household, food and clinical waste.

There were reasonable measures in place to prevent accidents such as safe floor covering and handrails throughout the premises.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment and emergency lighting. There were records of regular fire drills, routine inspection of fire safety equipment and daily inspection of means of escapes. All emergency exits were seen to be free of obstruction on the days of inspection. Based on records viewed by the inspector, all staff had received up-to-date training on fire safety, however, not all staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire, particularly in relation to the evacuation of residents with mobility impairment.

**Judgment:**

Non Compliant - Major

***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:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Based on the observation of the inspector, medication administration practices complied with relevant professional guidelines. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded.

There were audits of medication management practices and any issues identified were addressed. Medications governed under the misuse of drugs act (MDA) Schedule 2 were stored appropriately and were counted at the end of each shift and the count was verified by two nurses' signatures. There were adequate procedures in the process for the return of unused/out-of-date medicines.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of accidents and incidents occurring in the centre was maintained and notifications were submitted to the Authority as required by the regulations. However, based on a review of records, the inspector was not satisfied that the Authority was notified of all incidents, for example, where there was an allegation of misconduct by a member of staff.

**Judgment:**

Non Compliant - Moderate

***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:**

Overall the inspector was satisfied that residents' health care needs were met to a good standard through appropriate medical and nursing care. Residents received a comprehensive assessment on admission and at regular intervals thereafter using recognised evidence-based tools. Care plans were developed based on these assessments, and some of these were personalised, however, a number of care plans were generic and did not provide adequate guidance on the care to be delivered. For example, many of the care plans were pre-printed and the only addition to the pre-printed document was the addition of the resident's name and planned care specific to each individual resident was not always included.

Residents were regularly reviewed by their general practitioner (GP) and there was also evidence that these GPs were available out-of-hours, when required. There was evidence of referral and review by allied health/specialist services, such as speech and language therapy, dietetics, physiotherapy, chiropody and occupational therapy. There were adequate processes in place to ensure that when a resident was admitted, transferred or discharged to and from the centre, that appropriate information about their care and treatment was shared between providers.

Only a small number of residents had wounds and records indicated the use of evidence-based tools for assessment, including the use of photographs.

**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):**

No actions were required from the previous inspection.

**Findings:**

St. Joseph's Home is a 40 bedded nursing home that was purpose built in the 1970s, was accessed via a long driveway and situated approximately 1 kilometre from Killrorghlin

town. Bedroom accommodation comprised 14 single bedrooms, one double bedroom and eight triple bedrooms. Communal space comprised a large sitting room, two small sitting rooms and a seating area in a recessed archway. There was also a kitchen with sufficient cooking facilities and a large dining room.

Sanitary facilities comprised eight toilets, each one containing a wash-hand basin; two shower rooms, each one containing an assisted shower, toilet and wash-hand basin; two bathrooms, each one containing an assisted bath, wash-hand basins and there was a toilet in one; two of the single bedrooms were en suite with shower, toilet and wash-hand basin; and there was also a visitors toilet and staff toilet. There were two sluice rooms containing bedpan washers, a sluice sink, a large ceramic sink and as already stated in Outcome 8, there were no suitable hand washing facilities in either sluice room.

The centre was in a good state of repair, appeared to be clean throughout and there was a good standard of décor. There were built-in wardrobes in each of the bedrooms and residents had access to lockable storage for valuables and personal possessions. A number of bedrooms were personalised with residents pictures, furnishings and memorabilia.

Shared bedrooms had suitable screening between the beds to support privacy and dignity during the provision of personal care, however, the triple bedrooms were inadequate in size and it was not possible to provide personal and intimate care without compromising the privacy and dignity of residents due to the proximity of these beds to each other. The inspector was not satisfied that there was adequate space to meet the needs of residents, for example, there was inadequate space for residents' furniture other than a bedside locker, such as a comfortable chair. Additionally, the space between the beds in these bedrooms was insufficient to provide for free movement of staff and residents or to manoeuvre assistive equipment such as hoists and chairs. For example, in order to assist residents out of bed using a hoist it was necessary to move one of the other beds to make adequate space for staff to manoeuvre equipment to transfer the resident to a chair. On the days of the inspection, of the 24 beds in the triple bedrooms, four were vacant, eight residents were mobile and 12 residents required the assistance of a hoist to transfer in and out of bed. There were residents in each of the triple bedrooms that required the use of a hoist to transfer in and out of bed.

Residents had access to appropriate equipment such as hoists, wheelchairs and speciality beds and mattresses. Maintenance records were available demonstrating a programme of preventive maintenance. Handrails were provided in bath, shower and toilet areas and handrails were provided on corridors.

**Judgment:**

Non Compliant - Major

**Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place outlining the process for managing complaints. The complaints procedure was on prominent display in the reception area of the centre. There was a person nominated to deal with complaints, there was an appeals process and a person responsible for ensuring that all complaints are appropriately addressed.

The inspector reviewed the complaints log and records outlined the action taken in response to a complaint, the outcome of the complaints process and whether or not the resident was satisfied with the outcome of the complaints process. Residents spoken with by the inspector stated that they would have no hesitancy in making a complaint if they had any concerns.

**Judgment:**

Compliant

**Outcome 14: End of Life Care**

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy in place providing guidance on the care of residents approaching end of life and the care of deceased residents. The centre had a single room that was designated as a hospice room and was reserved for residents approaching end of life, unless the centre reached full occupancy. The room was en suite with shower, toilet and wash-hand basin and was furnished to a high standard with comfortable seating, including a reclining chair.

A process of addressing end of life preferences of residents had commenced and this was documented in care plans. The inspector reviewed the record of a deceased resident and was satisfied that nursing care was provided to a high standard. Residents were regularly reviewed by their GP and more frequently as they approached end of life. There was evidence of referral and review by palliative care services. Care plans, however, did not provide adequate guidance on the care to be provided at end of life and there was no policy in place governing the use of a syringe driver (a mechanism for administering medications continuously and/or intermittently via a syringe). These actions have included under Outcome 5 and Outcome 11 at the end of this report.

Residents cultural and spiritual needs were addressed. There was a large chapel in the centre and mass was available twice weekly and three times on one week of each month. When resident in the centre, the needs of residents from other denominations were facilitated. Relatives and friends were facilitated to be with the resident at end of life.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy in place on monitoring and documenting residents' nutritional status; most recently reviewed in May 2014. Residents received a nutritional assessment on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Residents were weighed monthly and there was evidence of actions in response to any changes in weight.

Residents were referred for review by dietitians and speech and language therapists, where appropriate. There were appropriate systems in place for communicating modified or special diets to catering staff and staff members spoken with were knowledgeable of residents' nutritional needs and requirements.

Breakfast was served at 08:15hrs each morning and most residents had their breakfast in their bedrooms. Residents that did not wish to eat at that time were given breakfast at a time of their choosing. Lunch was served at 12:15hrs. The menu was varied, food appeared to be nutritious and residents were offered a choice at mealtimes. Residents

requiring assistance were assisted in a dignified and respectful manner by staff. Residents had access to fresh drinking water and snacks were offered between meals and in the evening.

**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:**

There was evidence of consultation with residents through residents' meetings and resident/relative questionnaires. Residents had access to an independent advocate and there was evidence that the advocate met with residents regularly.

There were adequate facilities to allow residents to meet with visitors in private and there were no restrictions on visits. Residents' religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers and voting in local and national elections was facilitated.

The privacy and dignity of residents was respected as much as possible during care provision, given the limitations caused by the inadequate size of some bedrooms, and staff members were seen to interact with residents in a respectful manner. Staff were familiar with the various communication needs of residents. There was a programme of one-to-one and group activities including sonas, exercise classes, music, bingo, newspaper reading, dog therapy and art.

**Judgment:**

Non Compliant - Minor



***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on residents' personal property and possessions and records of personal property were maintained. There were adequate storage facilities in residents bedrooms to store their personal possessions and clothing, including lockable storage. There were adequate laundry facilities and there was an adequate system in place to support the return of clothing following laundering.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Based on observations of the inspector and a review of the roster there were adequate numbers of staff on duty to meet the needs of residents.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated attendance at training on issues such as the management of challenging behaviour, infection control, nutrition, the management of dysphagia (difficulty swallowing), dementia and medication

management.

Records demonstrated a process of induction for new staff members and ongoing appraisal of existing staff. As discussed in more detail under Outcome 2, improvements were required in the appraisal process to ensure that where performance was not at the desired level, appropriate measures were put in place for additional supervision.

There were effective recruitment procedures in place and a review of a sample of staff files indicated that all of the requirements of Schedule 2 of the regulations were in place. Current registration was available for nursing staff.

A large number of volunteers assist in the provision of activities to residents and records of Garda vetting were available.

**Judgment:**

Compliant

## 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:***

John Greaney  
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 Home
<b>Centre ID:</b>	OSV-0000287
<b>Date of inspection:</b>	05/11/2014
<b>Date of response:</b>	05/05/2015

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

Records indicated that where issues were identified in relation to staff performance, it was not always addressed in a timely manner to minimise the impact on the care and welfare of residents

#### Action Required:

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

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

monitored.

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

Performance issues were dealt with under the Disciplinary Procedure of St. Joseph's Home. As this process was prolonged a new appraisal system will be implemented in January 2015 to address shortfalls in a more timely manner in the future.

**Proposed Timescale:** 21/01/2015

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

The contract of care did not clearly specify the fees for all additional services, such as the cost of physiotherapy, chiropody or the cost for a member of staff to accompany a resident to a hospital appointment.

**Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The contracts have been amended on the day of inspection and the fees for additional services are clearly stated now.

**Proposed Timescale:** 25/02/2015

**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:**

Improvements were required in policies and procedures, as:

- there was no policy on staff training and development
- there was no policy in place governing the use of a syringe driver.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The policy required for staff development and training will be implemented in addition to the existing training programme in the Home.  
A policy for the use of a syringe driver will be developed and implemented.

**Proposed Timescale:** 31/01/2015

**Theme:**

Governance, Leadership and Management

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

The policy on the recognition and response to allegations of abuse required further review to ensure it adequately outlined the investigative process and the safety measures in place in the event of suspicions/allegations of abuse and also to identify the process should an allegation be made against management..

**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:**

The policy on elder abuse is under review and will include the required updates, including steps to ensure resident safety and the impact on staff.

**Proposed Timescale:** 31/01/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Where concerns were identified in relation to staff performance and the impact of performance on resident care, it was not always addressed in a timely manner.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Elder abuse policy is under review. At the next staff meeting this policy will be presented and explained, including training requirements and staff appraisal of duty of care.

**Proposed Timescale:** 31/01/2015

**Theme:**

Safe care and support

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

Not all staff members had received up-to-date training on the recognition and prevention of abuse

**Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The staff members who have not attended training will be updated in January 2015.

**Proposed Timescale:** 31/01/2015

**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:**

There was a risk management policy and associated risk register that outlined the measures in place to control the risks identified, however, it did not address all the risks specified by the regulations. For example, it did not address the controls in place to minimise the risk of abuse; accidental injury to residents, visitors or staff; aggression and violence; or self-harm.

**Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The risk management policy is under review and will include the measures to minimise risks of abuse, accidental injury to residents, visitors or staff, aggression and violence or self-harm.

**Proposed Timescale:** 31/01/2015

**Theme:**

Safe care and support

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

There was no overall review of accidents and incidents to identify trends as an opportunity for quality improvement.

**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:**

An audit tool will be developed to review accidents and incidents in a general audit in addition to the existing individual audits as a mechanism for quality improvement.

**Proposed Timescale:** 15/02/2015

**Theme:**

Safe care and support

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

There were not suitable hand-washing facilities throughout the centre and in particular in the sluice rooms, and the taps on a number of wash-hand basins were not hands free.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

In order to comply with OUTCOME 8 a new sluice and hand washing unit will be installed in both sluice rooms. Hands free taps will be put on all other relevant wash hand basins. These items are ordered.

**Proposed Timescale:** 15/02/2015

**Theme:**

Safe care and support

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

Not all staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire, particularly in relation to the evacuation of residents with mobility impairment. .

**Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Fire evacuation training with a special focus on immobile residents will be arranged.

**Proposed Timescale:** 15/02/2015

**Theme:**

Safe care and support

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

Not all staff had received up-to-date training on fire safety.

**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:**

There were two staff members who did not receive fire training in 2014 due to illness or absence. They will receive training in 2015.

**Proposed Timescale:** 15/02/2015

**Outcome 10: Notification of Incidents****Theme:**

Safe care and support

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

The Authority was not notified of all incidents, for example, where there was an allegation of misconduct by a member of staff.

**Action Required:**

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

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

Notifications were submitted to HIQA after inspections.



**Proposed Timescale:** 25/02/2015

### **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:**

Improvements were required in the care planning process as some care plans:

- were generic and did not provide adequate guidance on the care to be delivered
- did not provide adequate guidance on the care to be provided at end of life.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The Home is in the process of replacing all generic care plans with individualised ones. The nurses have received training in developing individualised care plans and these are implemented on an ongoing basis. With the care plan review existing residents will receive individualised care plans by the 28/02/2015. New residents are already in receipt of these.

**Proposed Timescale:** 28/02/2015

### **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 triple bedrooms were not adequate in size to accommodate three residents as:

- it was not possible to provide personal and intimate care without compromising the privacy and dignity of residents due to the proximity of these beds to each other
- there was inadequate space to meet the needs of residents, for example, to accommodate residents' furniture other than a bedside locker, such as a comfortable chair
- the space between the beds in these bedrooms was insufficient to provide for free movement of staff and residents or to manoeuvre assistive equipment such as hoists and chairs.

**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 Home plans to build an extension and to renovate the existing building. The extension will contain 16 ensuite bedrooms and ancillary services and will be constructed in 4 stages.

Stage 1. This will include the construction of 8 ensuite bedrooms, activity room, dayroom, clinical room, sluice room, visitors toilet and visitors kitchenette. On completion of this stage, stage 1a will commence. 4 of the existing 3 bed units will be converted into two bed units.

Stage 2. This will include 8 ensuite bedrooms and a linen room. On completion of this stage, stage 2a will commence. The remaining four 3-bed units will be converted into 2-bed units.

**Proposed Timescale:** 31/12/2015

**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:**

Due to the inadequate size of the triple bedrooms and the close proximity of beds to each other, it was difficult to provide personal and intimate care without compromising the privacy and dignity of residents.

**Action Required:**

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

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

The building modification works carried out on the three bedded rooms will give the necessary privacy and dignity to the residents.

**Proposed Timescale:** 31/12/2015