

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Hospital
Centre ID:	OSV-0000537
Centre address:	Ardee, Louth.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Philip Daughen;
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

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:
13 April 2015 09:30	13 April 2015 17:30
14 April 2015 09:30	14 April 2015 18:30

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

The centre was registered on the 7 June 2012 to accommodate 20 residents who require nursing care. The philosophy of care is a move towards a social model of care.

This inspection was carried out to inform a registration renewal decision. Prior to the inspection the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

The fitness of the provider was determined through ongoing regulatory work, including inspection of the centre and compliance with matters arising from inspections.

The person in charge has recently been appointed to the centre, however, has experience of working in a deputising person in charge position. Inspectors found that staff involved in the management of the centre were knowledgeable of the legislation and standards and staff of various grades were aware of the organisational structure of the centre.

Matters arising from the previous inspection (18 actions) carried out on 5 March 2014 were satisfactorily addressed, or in progress. Primarily these related to risk management, health and safety, medication management, notification of incidents, improving the quality and safety of care, safe and suitable premises, and suitable staffing.

In the main, residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the services and care provided. They were complimentary about the care and support provided by staff and management, meals provided and the attention by staff to residents' personal belongings. However, a relative considered that staffing levels at night time, were inadequate and a resident who held the same view requested that the staffing levels during the night consists of a nurse and 2 care staff.

An examination of the staff rosters, communication with staff on duty and visitors to the centre the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents with the exception of night time staffing levels.

The designated centre consists of 2 distinct units with a link corridor and two staff are rostered to work during the night but the majority of residents require the assistance of 2 staff, so when staff are working with one resident all of the other residents are unsupervised. This has serious implications for the quality of care provided during the night and safe evacuation of residents in the event of an emergency.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory.

Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

There were periods during the day whereby inspectors observed residents did not have opportunities to participate in activities, appropriate to their interests and capacities. However, the inspectors were informed that an activity coordinator will be

recruited to assist in leading the staff team to provide recreational activities, appropriate to residents' preferences and capacity.

In general, infection control arrangements were adequate.

Inspectors identified areas relating to fire precautions that required action. Many of these areas had been identified previously both by inspectors and the provider.

While there were areas of the centre that provided a suitable physical environment for residents, there were significant areas that failed to meet the needs of the residents. This included a significant proportion of the bedroom accommodation as well as some communal space. Inspectors also identified a lack of suitable storage facilities in some areas of the centre.

Since the initial registration of the centre (May 2012) the Authority had communicated with the provider and outlined the necessity to ensure that the premises of the designated centre was in compliance with the legislation prior to renewal of registration (May 2015). In the event that there remained any breaches of the legislation regarding the suitability of the premises, the Chief Inspector was to be provided with an approved costed proposal of the action to be taken with a definitive time frame for completion of all works.

To date, the Authority has not received any such proposal.

The centre remains in major non-compliance with the Health 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, particularly in relation to the suitability of the premises for the residents being accommodated and risk management.

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):

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

Findings:

The statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations with the exception of the following: –

- There were details with regard to a CNM1 who is no longer working full-time in the designated centre.
- The emergency procedures were not identified.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Substantially 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:

The inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. Aspects were then highlighted for further improvement, such as training for staff in promoting good quality end of life care. A copy of the annual review was given to the inspectors and there was evidence that residents' and relatives' views were considered.

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services and care provided with the exception of, respondents who considered that staffing levels during the night were insufficient. From an examination of staffing levels, communication with staff the inspectors concurred with this viewpoint. The staffing levels were insufficient to provide safe care to residents and safely evacuate residents in the event of emergency. See outcome 18 for action plan.

It was not possible to ascertain whether there are sufficient resources to ensure the effective safe delivery of care, because aspects of the design and layout of the premises do not meet the needs of residents, (see outcome 12) however to date no action has been taken to improve this situation for residents and the Authority has not received an approved costed proposal of the action to be taken with a definitive time frame for completion of improvement/refurbishment.

Judgment:

Non Compliant - Major

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:

A guide in respect of the centre was made available to residents and a copy provided for

the Authority.

Inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided and the fees 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 centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general and psychiatric nurse and has extensive experience of working with older persons. She has qualifications in gerontology, psychology and a diploma in nursing management. She works full time. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team.

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:

The inspectors found that the following records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example: –

- Individual assessments and care plans for residents.
- The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
- There were records of the food provided and visitors to the centre.
- The directory of residents included all the information specified in Schedule 3
- The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.

However, the following records were not maintained satisfactorily: –

- Schedule 2 (documents to be held in respect of each member of staff), there was no evidence of a staff member's identity.
- Fire drills – it was not possible to determine whether they were carried out simulating night time conditions and staffing levels.

Judgment:

Substantially Compliant

***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:

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence. The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has extensive experience of providing care to older people and deputising when the person in charge was not available.

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 suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety with the installation of key pad door locks and hand rails in corridors. Some residents during interviews and in response to questionnaires confirmed that they felt safe. An enclosed safe outdoor space with seating was accessible to the residents.

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:

Inspectors found that the centre had a risk management policy in place.

Risks had been assessed and the results of same as well as the implementation of any control measures was recorded in a risk register. However, some instances were noted by inspectors where it was unclear if the risk had been reviewed on an ongoing basis in order to determine the continual effectiveness of the control measures implemented. See paragraph 5 below.

In general, inspectors observed that good infection control procedures were implemented in the centre except one instance observed where clean commodes were stored within a sluice room. Staff interviewed in relation to infection control practice demonstrated good knowledge on best practice and there were records to indicate infection control training had been provided to staff.

In relation to fire precautions, it was noted that there was a generic fire procedure in place for the centre. See outcome 5 for action plan. This was dependant on staff having knowledge of the centre. Any staff questioned appeared to be familiar with same.

The mobility of most residents was extremely limited and to that end, evacuation sheets were provided for residents in the event of a night time evacuation.

There were personal evacuation plans completed for residents. However, these were basic in nature and there was no evidence that they were reviewed or updated on an ongoing basis.

Inspectors noted that the centre was provided throughout with a fire alarm system, emergency lighting and fire extinguishers as appropriate. However, inspectors noted that some areas of the centre had not been provided with fire doors where appropriate and therefore were not adequately subdivided with fire resistant construction. Inspectors noted instances where doors on escape routes were not provided with self closers where appropriate in some cases. Inspectors also noted multiple examples of doors on escape routes with unsuitable and /or unnecessary duplicate door fastenings which could potentially cause an undue delay in the event of an evacuation of the centre. Inspectors also noted multiple instances of unsuitable storage of combustibles within the centre.

There were records indicating that training and fire drills were conducted on an ongoing basis. Inspectors were unable to determine from the records whether the drills were carried out simulating day or night conditions and staffing levels. See outcome 5 for action plan. For this reason coupled with the lack of subdivision of the centre in fire resistant construction in certain areas and the night time staffing levels, inspectors were not assured that the residents could be evacuated in a timely fashion in the event of a night time evacuation of the centre. When questioned, staff considered that staffing levels during the night were insufficient. From an examination of staffing levels and communication with staff the inspectors concurred with this viewpoint. The staffing levels were insufficient to provide safe care to residents and safely evacuate residents in the event of emergency.

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):

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

Findings:

The matter arising from the previous inspection which related to pre-signing the medication administration record have been satisfactorily actioned. Staff had participated in additional medication management training and medication administration audits had been carried out and were satisfactory.

The inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents.

There was evidence of GPs reviewing residents' medicines on a regular basis. The inspectors were informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.

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):

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

Findings:

The matter arising from the previous inspection had been satisfactorily actioned. Notification had not been given to the Chief Inspector of the occurrence in the designated centre of a pressure wound above grade 2. This was received by the Authority on the relevant documentation.

The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

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):

No actions were required from the previous inspection.

Findings:

The centre provides care primarily for residents with long-term nursing needs. Respondents who completed questionnaires confirmed that staff informed them of their relatives' health care needs and any changes in the conditions.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspectors were satisfied that in the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans

implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores. The care plans were up-to-date and had been audited.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and specialists in wound care.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. Reviews of restraint measures were evident.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

In general, inspectors found the centre to be in a good state of repair, warm and clean. Due to the inherent layout of the existing buildings, there were areas where the layout of the building, due to its age and its previous use, did not meet the needs of the residents. Inspectors were informed that there are plans to extend the centre, thus providing more suitable accommodation for the residents, but these are still subject to the relevant planning and funding approvals.

As the centre is currently laid out, all residents' bedroom and main, communal accommodation is provided on the ground floor. However, there are rooms designated for recreational activities, including hairdressing located on the first floor, which is accessible by a lift, however, only a minority of residents are able to access these rooms.

The designated centre primarily is divided into 2 distinct units, each containing open plan sitting/dining and recreational space and residents' bedrooms, bathing facilities and

household kitchens. The 2 units are linked by a corridor.

One sitting/ dining room is large and airy. Due to the extensive provision of windows and skylights, the communal room has excellent natural lighting and is decorated in a homely and warm fashion.

The other sitting/dining room is smaller and inspectors saw that the space was limited due to household furnishings and residents' mobility aids. It was at times, during the inspection difficult for residents to negotiate the area.

Residents' bedroom accommodation in some instances, as described below was not designed and laid out in a manner that met the needs of the residents.

Bedroom accommodation was provided through a mix of single and multiple occupancy rooms (two 4 bedded rooms and two 3 bedded rooms).

The four beds were provided in rooms that formerly accommodated six residents. While the lower number of occupants was of benefit to the residents, inspectors observed in one case that the four beds were still spaced as if there were six beds in the room with a dead space in the end of the room. The room was not utilised to maximise the privacy and dignity of the residents.

In one of the 3 bedded rooms inspectors saw that due to the shape of the room a resident had limited access to and from the bed.

Inspectors noted that while most of the single rooms met the needs of the residents, one single room was measured by inspectors as having a usable floor area of less than seven square metres. The resident required the use of mobility aids including a hoist and when this was required the resident's bedroom table, had to be taken out of the bedroom and stored in the corridor.

Inspectors noted the provision of comprehensive kitchen facilities within the lower ground floor of the building. The kitchens appeared to be well equipped and adequate to meet the needs of the residents. The cooking equipment was powered by gas. The location of the gas shut off was noted by inspectors as being obstructed by an oven although staff when questioned were fully aware as to its location.

Inspectors checked water temperatures and the water system had all the necessary thermostatic controls in place.

Inspectors noted the provision of basic laundry facilities on site and that the bulk of the laundry is done off site.

Inspectors identified a lack of suitable storage throughout the centre. The lack of dedicated storage in some areas of the centre meant that equipment and combustibles were identified as being stored both in circulation spaces and in rooms unsuitable for use as storage rooms.

There was a chapel for residents' use which could be accessed internally through a link corridor.

Residents had good access to outdoor areas and to external gardens and grounds which appeared to be pleasant, secure and well maintained. The location generally and the appearance of the main house within manicured grounds created a pleasant atmosphere.

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 was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The inspectors examined the complaints record and this showed that of the complaints investigated there were details and an outcome for the complainant.

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:

End of life care was person centred and respected the values and preferences of individual residents.

In communication with the inspectors staff described the policy and protocols in place

for the end of life care.

There was good evidence of relatives' involvement in a resident's care plan who was assessed as nearing end of life. The information identified in this care plan was detailed and informative.

Care planning assessments related to the resident's physical , emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking, MUST screening and pain management were available.

There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner and out of hours service, the use of subcutaneous infusions and oral antibiotics.

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:

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals. There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided.

The designated centre has 2 dining areas. The dining areas are combined dining and sitting areas and reflect a household model in that a small kitchen is located beside or within the dining area.

Inspectors observed the lunchtime meal and saw that residents sitting around the dining table were chatting and enjoying the company of others. Some relatives who were well known to the resident group (in one of the dining rooms) had come in to sit and share in the dining experience with their family members. They communicated with the inspectors and were very satisfied with the meals served, and the support provided by staff.

The training record showed that staff had been trained in good nutrition in the elderly.

This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records. Staff members confirmed that there was good communication between catering and care staff so as to ensure appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspectors showed that residents were weighed on a monthly basis and appropriate action taken as necessary. The policy on food, nutrition and hydration management had been updated. This was detailed and staff were aware of its content.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences, including residents' eating habits. This information was shared with the catering staff. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

A notice board in the dining room displayed the menu for the day. This highlighted all the choices.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

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):

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

Findings:

The matter arising from the previous inspection related to insufficient screening in a twin room to ensure residents' privacy.

New screening was ordered and installed in May 2014

Social care planning was undertaken by the staff team and inspectors were informed that an activity coordinator will be recruited to complement the staff team. The inspectors saw that in general, there were opportunities for residents to participate in activities, appropriate to their interests and preferences. However, newspapers were sitting on a dining table where residents were accommodated and while residents did

not read the newspapers no staff were available to read news items and discuss with residents.

Residents and relatives who communicated with the inspectors highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television.

Judgment:

Substantially Compliant

***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):

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

Findings:

The matter arising from the previous inspection related to the insufficiency of wardrobe space for some residents' clothing as the bedside locker only provided limited storage for hanging garments.

Short and long-term measures have been taken/considered to address this matter, for example, storing out of seasonal clothing in additional storage space on the first floor and prioritising storage space as part of the forthcoming refurbishment plans for the residents in the centre. In light of the long-term plans regarding storage this matter will be restated in the action plan of this report.

Judgment:

Substantially 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):

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

Findings:

The matters arising from the previous inspection related to staff training in wound care and supervision of students on work experience. These matters were satisfactorily addressed.

From an examination of the staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents with the exception of staffing levels during the night.

This matter was highlighted by residents and relatives in their correspondence with the Authority and was communicated to the provider and person in charge at post inspection review meeting.

In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge. The inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.

There was evidence that staff had participated in training relevant to their role and responsibility and demonstrated their knowledge in a number of areas for example. Infection-control, moving and handling and protection of residents from abuse. However, it was noted that the activity staff member did not have training relevant to her role and care of the elderly.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Siobhan Kennedy
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 report¹

Centre name:	St Joseph's Hospital
Centre ID:	OSV-0000537
Date of inspection:	13/04/2015
Date of response:	19/06/2015

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 contained information in relation to a staff member who is no longer working at the centre and did not identify emergency procedures.

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 and no longer has details of a staff member who is on secondment.

Emergency procedures are now detailed in the statement of purpose, and a copy of the revised statement has been submitted to the Authority

Proposed Timescale: 10/06/2015

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:

It was impossible to ascertain whether there are sufficient resources to ensure the effective safe delivery of care, because aspects of the design and layout of the premises do not meet the needs of residents, (see outcome 12). To date no action has been taken to improve this situation (reduction from 2 four bedded rooms and 2 three bedded rooms) for residents and the Authority has not received an approved costed proposal of the action to be taken with a definitive time frame for completion of improvement/refurbishment.

Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

The provider nominee has been in on-going negotiations with the Estates Department of the HSE and has secured funding (700,00 euro) for construction of a combined refurbishment and new purpose-built unit to address current non-compliances with the premises. Details of which has been forwarded to the Authority for their information. The first phase (convening of the design team) has been completed. The building plans have been submitted to Louth County Council for planning permission approval. A proposed commencement date for the building project (subject to grant of planning permission) is August 2016. A letter confirming the time frame is enclosed with action plan

The layout of the 3 bedded multi-occupancy room as identified by inspectors has been reviewed and rearranged to maximise space available to meet the privacy and dignity of the 3 residents.

Accommodation in the single room as identified with reduced floor space will be used exclusively for residents who are mobile and do not require assistive equipment when the current resident leave the room This small room will no longer be used as bedroom accommodation in the proposed new build.

Proposed Timescale: 31/08/2016

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:

The fire procedure was generic and not specific to the designated centre.

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:

Following the inspection the HSE Fire Officer visited the centre and the fire procedure has been reviewed to ensure that it is centre specific.

Fire procedure for night time staffing levels with Action cards has been added.

All staff will be trained in ensuring that they are aware of their requirement in the event of a fire

Proposed Timescale: 10/06/2015

Theme:

Governance, Leadership and Management

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

There was no evidence of a staff member's identity as per schedule 2 (documents to be held in respect of each member of staff) and it was not possible to determine from the fire drill records whether the drills were carried out simulating night time conditions and staffing levels.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

This staff member's photo identification has been added to their file.

All fire training and drills cover day and night conditions however following the previous inspection in 2014 the Registered Provider arranged for the Fire Trainer to do a specific night time simulation in June 2014 and there is one schedules for 2th July this year.

The local fire services visited site to ensure they were familiar with the centre

Proposed Timescale: 17/04/2015

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:

It was unclear to inspectors in some cases as to whether risks and effectiveness of control measures implemented were being monitored and reviewed on an on-going basis

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The personal evacuation plans have been reviewed and there will be a process of ongoing review

The fire risk assessment of the premises was undertaken in 2012, and these risks were placed on the register, while some of the risks were addressed the major refurbishment and new built was to address the remaining risks. Due to the delay in getting the works started a further fire risk assessment which took place in December 2014 again.

Carrying out all these works independently will involve major disruption to residents in a live operational building, therefore The Fire Officer has approved the interim fire upgrade works and a copy of these are enclosed with the report. The risk management policy has been amended to include hazard identification and assessment of risk.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

Inspectors identified an instance of clean commodes being stored within a sluice room not in line with good infection control practices.

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:

The Registered nominee has discussed the storage problem with the infection control nurse as there is limited space available for storage of commodes. The commodes now in the sluice room will only be used at night time, and staff will wipe down the commodes each night before use with disinfectant wipes. These measures are in place until adequate storage space is available when the refurbishment takes place. All staff has been advised of these measures.

Proposed Timescale: 10/06/2015

Theme:

Safe care and support

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

There were two instances identified of combustibles stored on escape corridors and some doors on escape routes were provided with unnecessary door fastenings which could cause unnecessary delay in the event of an evacuation.

Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

The Registered Provider has contacted the Fire Officer for advice, following the advice given the PIC will ensure that the storage of combustibles in these areas is reduced and only the minimum of stock kept at unit level.

All doors on escape routes have electromagnetic locks which drop out when the fire alarm is activated and the door will open in the event of an evacuation. The inclusion of the second door fastening is a safety measure to protect vulnerable residents from opening the doors unintentionally.

There is no source of ignition in this cupboard however this has been risk assessed and staff made aware of precaution to be adhered to.

Proposed Timescale: 30/06/2015

Theme:

Safe care and support

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

Inspectors were not assured that sufficient staffing and resources were in place to ensure that the centre could be evacuated in a timely fashion at night.

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 procedure for night time staffing levels is now in place, A simulation of night time evacuation is scheduled for 02/07/2015, and Staff working night duty will attend, The Registered Provider and Person in Charge will also attend to ensure any issues raised can be address immediately.

The new procedure for night time evacuation includes using the assistance of Meridan Security Company who carries out security checks at night around the centre.

The nurse in charge will carry an Action Card with the procedure to follow in the event of an evacuation of the centre.

Another 24hrs HSE facility close to the centre will send two staff members to assist in the event of an evacuation. The estimated time to get from this facility at night time is five minutes.

One member of staff will complete fire marshal training

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The centre was not provided with fire doors and fire resistant construction where required in some areas to adequately contain fire and smoke in the event of fire and facilitate safe evacuation of the residents.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The HSE Fire Officer has enclosed drawing of the interim fire upgrade works to address some of the issues till they are all addressed in the refurbishment and new build.

The Registered Provider plans to notify the Chief inspector of their decision to change the centre to a no smoking facility until the refurbishments have taken place as an added safety measure. This will be reflected in the statement of purpose when approved by the Chief Inspector.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

There was no evidence that residents' personal evacuation plans had been reviewed, and/or updated on an ongoing basis.

Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The personal evacuation plans have been reviewed following the inspection and will now be included in the three monthly care plan reviews or sooner if required.

Proposed Timescale: 10/06/2015

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:

Some of the bedroom accommodation provided for residents was not designed and laid out in a manner that met the needs of the residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The layout of the bedrooms has been reviewed and re arranged to maximise the space available.

The single room will no longer be used for bedroom accommodation after the refurbishment.

Proposed Timescale: 02/01/2017

Theme:

Effective care and support

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

One of the dayrooms provided was not of suitable size and layout for the residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The layout of the dayroom has been reviewed and re arranged and excess furniture removed to maximise the space available.

Proposed Timescale: 10/06/2015

Theme:

Effective care and support

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

There were inadequate facilities for the storage of equipment and combustibles within the designated centre.

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 first floor of the building will be made available for extra storage space and only the minimum of combustibles will be stored at unit level.

Proposed Timescale: 30/06/2015

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:

Staff missed an opportunity to engage residents in a meaningful activities during the morning of the inspection as newspapers were available on the dining table, but residents were unable to independently read the papers.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A review of staffing arrangements has provided a staff member to be available in the dayroom to mark out pieces of interest in the papers and read them to residents who are unable to read independently.

Proposed Timescale: 10/06/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

On a long-term basis adequate space was not provided for residents to be able to retain control of their personal possessions.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

The PIC will ensure that residents have access to available storage space on the first floor for storage of out of season clothing, outdoor wear and footwear. The new build and planned refurbishment will address this problem on a long term basis.

Proposed Timescale: 30/09/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was insufficient staff rostered on night duty to provide safe and effective care of the residents being accommodated and safe evacuation of residents in the event of an emergency

Action Required:

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

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

The provider nominee met with a number of residents and a family member to discuss the night duty staffing levels. While the residents would like additional staff "for security" they were unable to identify any occasion where staff were too busy and unable to attend to their needs.

The provider nominee has reviewed all incidents during this period and there are no patterns or trend to indicate that staffing is insufficient.

The Clinical Facilitator will undertake night duty on the 17/06/2015 and complete an independent analysis of the workload on night duty and how it is managed to provide assurance that there are sufficient staff and skill mix to provide safe care to residents.

In the interim the provider has agreed to roster one additional member of staff until 10pm and the PIC is negotiating with staff to implement this.

There are CCTV cameras in the designated centre to facilitate monitoring of the corridors.

The Registered Provider has instructed the PIC to implement the following measures to promote fire safety. Records of implementation will be maintained.

- 1 Daily checks of fire exits by PIC or deputy
2. Weekly checks of fire alarms ensuring that electromagnetic locks are checked and fully functioning
3. Weekly fire ski sheets to be checked that they are fitted and of appropriate standard (buckles can become loose and detached from these sheets)
- 4 Personal Evacuation Plans checked weekly by the PIC or deputy in her absence
- 5 Quarterly checks by fire company on fire exit lighting
6. Annual service of fire alarms, hoses and extinguishers
7. All staff to have annual fire drill training to include simulated day and night evacuation

with numbers of staff on duty. This is mandatory training and all staff must attend.

One member of staff will complete fire marshal training.

Proposed Timescale: 30/09/2015

Theme:

Workforce

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

A staff member responsible for activities had not received training in this area or care of the elderly.

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:

The staff member has since completed a two day course with the National Programme for Sport and Physical Activity for Older People Age and Opportunity entitled "Go for Life" CarePALS in May 2015.

The staff member also has a Fetac level 5 in Healthcare Support in 2012, containing a module in Care of the Older Person a copy of this certificate has been added to their file.

Proposed Timescale: 31/05/2015