

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Care Centre
Centre ID:	OSV-0000466
Centre address:	Dublin Road, Longford, Longford.
Telephone number:	043 333 2469
Email address:	emer.hyland@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	68
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 September 2016 10:20 To: 06 September 2016 19:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This monitoring inspection of the centre, was unannounced and took place over one day. The inspector spoke with residents and staff members and reviewed documentation and practices. Progress with completion of the four action plans following the last inspection in March 2015 was also reviewed on this inspection. The inspector found that all actions were completed with the exception of an action referencing non-compliance with the layout and design of multiple occupancy bedrooms in meeting the needs of residents, which was partially completed. Refurbishment of one of the three resident units 'The Lodge' was completed. Plans were in place to ensure the other two residential areas of the centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland by August 2021. This timeframe for full compliance is also a condition of the centre's registration with HIQA.. In the interim the layout of multiple occupancy bedrooms had been reviewed with occupancy levels in each reduced. The collective feedback from residents spoken with was of satisfactory in relation to care, the staff team and the service provided to meet their needs.

The inspector found there were measures in place to ensure residents were protected from abuse. Staff interactions with residents as observed by the inspector were respectful, supportive and empowering. The centre accommodated residents with complex care needs, including residents with acquired brain injury. Following the inspection, the provider was requested by HIQA to provide assurances that the centre met its stated purpose regarding residents with a medical diagnosis that has associated responsive behaviours that posed a risk of injury to themselves or others in the centre. These assurances were received as required.

Overall the inspector found that there was satisfactory compliance with the requirements of the regulations in most areas, improvement was required to ensure residents' activation needs were met including review of staffing resources in this area. Protocols were required for subcutaneous fluid administration and to inform appropriate use of pressure relieving equipment. Bedrail use required review to ensure use reflected the national restraint policy guidelines. The inspector found that the centre was cleaned, decorated and maintained to a good standard. The layout and variety of internal and external safe garden areas was found to provide a comfortable, pleasant and interesting environment for residents.

The Action Plan at the end of this report identifies improvements that must be made 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:

An updated statement of purpose was forwarded to the Health Information and Quality Authority (HIQA) revised on 07 September 2016. This document accurately describes the service that is provided in the centre. All matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were included in the statement of purpose document.

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):

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

Findings:

The centre had a clearly defined organisational and management structure in place. Lines of accountability and authority were evident. The person in charge worked with the provider representative in the governance and management of the centre. The

inspector observed that meetings were held at multiple staff levels and were minuted to ensure effective inter-team communication.

Although review of resources available to ensure residents' activation needs were met and that sufficient personal assistant hours were provided for residents with acquired brain injury was identified as required on this inspection, the inspector found that there was adequate resources in all other aspects of service provision.

Systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Audits were completed on several key clinical parameters. Audits reviewed by the inspector demonstrated clear evidence of analysis with improvements being identified to address areas of deficit found. An annual review to monitor the quality and safety of care and the quality of life of residents including consultation with residents and their representatives had been completed for 2015 and a copy of the report was forwarded to HIQA. on request. The review report demonstrated comprehensive review of the service within a framework informed by the national standards. The report detailed a number of improvements implemented and a service improvement plan for implementation by the end of 2016.

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:
Policy documents were available to inform procedures for protection of residents and management of responsive behaviours. The requirements of the national safeguarding policy were in the process of implementation in the centre. The inspector found that there were measures including safeguarding plans in place to safeguard residents and to protect them from abuse. However, immediate assurances were required to confirm that the safety needs of residents with responsive behaviours that posed a risk of injury to themselves or others were adequately met. Following this inspection HIQA received satisfactory assurances from the provider that the centre was meeting it's stated purpose regarding care of residents with responsive behaviours. Assurances were also provided that procedures in place for residents with responsive behaviours to ensure their behaviours did not result in injury to themselves or others in the centre.

The inspector observed that appropriate safeguarding procedures were put in place during investigation of an incident that occurred in August 2016 involving two residents. Residents with dementia and acquired brain injury integrated with other residents in the centre. The inspector observed that residents were appropriately supervised by staff in all three residential areas on the day of inspection. Comprehensive person-centred behavioural support plans were developed for residents presenting with responsive behaviours. Multidisciplinary input was evident in their management including neurology and psychiatric specialist input. Staff training records confirmed that staff had attended training on management of responsive behaviours including aggression and violence. The staff training records also evidenced that all staff had attended safeguarding vulnerable adults. Staff who spoke with the inspector were knowledgeable regarding safeguarding procedures and demonstrated their responsibility to report any incidents, allegations or suspicions of abuse. All interactions between staff and residents were observed by the inspector to be respectful, supportive and empowering on the day of inspection. Residents who spoke with the inspector were complimentary in their feedback on the staff caring for them and the care they received in the centre.

A restraint management policy was available to inform practice. All restraints used were recorded in a restraint register. There was evidence of comprehensive risk assessments completed for residents using bedrails. Auditing procedures were in place and there was evidence of an increase in the incidence of bedrail restraint notified to HIQA.. On review of this information, the inspector observed that provision of appropriate 'enabler' equipment was required to ensure that residents who had needs that could be met by appropriate 'enabler' equipment did not have their access in and out of bed restricted by use of full-length bedrails. The person in charge demonstrated that efforts were being made to reduce full-length bed-rails by trialling of alternatives such as low beds and floor mats. However the absence of available appropriate enabling equipment did not ensure that some bedrail use reflected the national restraint policy guidelines. Some residents were receiving PRN (as required) and regular medications to manage their responsive behaviours. Use of these chemical restraint medications were supported by multidisciplinary input and as part of behavioural management plans. Staff training records confirmed that the majority of staff had attended training on restraint management.

There was a system in place to safeguard residents' finances and valuables. Secure, lockable storage units were provided in each resident's bedroom for their use to store their valuables safely. Arrangements were in place for some residents' monies to be held in safekeeping on their behalf.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A policy was available to advise staff on management of residents' medications. The inspector found that while residents were protected by safe medication practices and procedures some improvements were required.

Residents' prescribed medications were being reviewed at least on a three-monthly basis. All medications prescriptions were completed in line with medication prescribing legislation with the exception of documentation to inform subcutaneous fluid administration protocols. This finding is actioned in outcome 11

An inspector observed medication administration on the day of this inspection which was in line with professional standards.

Residents' medication and administration documentation was arranged in individual booklet format. Each resident's allergy status was clearly indicated. The pharmacist was facilitated to meet their statutory obligations to residents.

Medications were securely stored in a locked designated room in each resident area. There were procedures in place for managing any medication errors in addition to return of unused and out of date medicines. While the date of opening of all oral medication liquids was detailed, two open tubes of topical preparations in one medication trolley were not dated. There were no incidents of medication error recorded. Controlled medications were stored securely in a designated facility and stock checking procedures were undertaken as required by staff. Medications requiring refrigeration were stored in a designated fridge with a checking schedule in place to ensure temperatures were within recommended parameters.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 68 residents accommodated in the centre on the day of this inspection. Many residents had complex care needs including dementia and acquired brain injury. 40 Residents were assessed as having maximum dependency needs, 18 residents high dependency needs, 7 had medium and 3 residents had low dependency needs.

Residents had good access to a choice of GPs, allied health professionals, palliative care and psychiatric services. An out-of-hours GP service operates out of a premises on the same campus as the centre. Residents' documentation confirmed they had timely access to these specialist services as required in addition to support to attend out-patient appointments. Residents spoken with expressed their satisfaction with the care they received. A dietician attended the centre as necessary and assessed residents with or at risk of unintentional weight loss and set out recommendations to supplement their intake as appropriate. Recommendations made were consistently documented in residents' care plans reviewed. Residents' weights were checked on a monthly basis or more often if necessary to facilitate identification and timely interventions. Reference sheets were available outlining residents' special diets including diabetic, modified consistency diets and thickened fluids. Residents at risk of dehydration were closely monitored. However, protocols required development to inform subcutaneous fluid replacement administration.

The inspector found on this inspection that arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were comprehensively assessed using validated risk assessment tools which informed completion of care plans to direct care interventions to meet each residents' identified needs. Daily progress notes were completed and were linked to care plans. While arrangements were in place to ensure care plans were reviewed on a three monthly basis or more often in response to changing needs, one resident's care plan in the sample reviewed was not updated since February 2016. Residents and their relatives were involved in care plan development and reviews thereafter.

Staff training recorded confirmed that staff had attended training on safe moving and handling procedures. Inspectors saw that hoists were used as appropriate to support resident transfers. Nine incidents of residents falling and sustaining an injury requiring hospital treatment, six of which involved a bone fracture were reported to HIQA as part of the statutory notifications required since the last inspection in March 2015. Resident falls were monitored on a quarterly basis to identify trends and areas for improvement. Residents risk of falling was assessed and reviewed on a three monthly basis or following a fall incident. Residents at increased risk of falling wore hip protectors and were provided with increased staff supervision, support equipment, sensor alert alarm equipment, low beds and floor mats.

There was evidence of an increased number of residents developing pressure related skin ulcers in the centre notified to HIQA. The person in charge had completed a comprehensive review of pressure ulcers that occurred in the centre in August 2016 which was forwarded to HIQA and purchased additional equipment. There were no residents with pressure ulcers on the day of this inspection. The inspector reviewed

pressure ulcer preventative procedures and wound care procedures in the centre. Procedures to prevent pressure related skin ulcers were satisfactory. Assessment of risk of skin breakdown was completed with equipment such as pressure relieving mattresses and cushions in addition to care procedures including repositioning used appropriately. While a protocol was in place to inform appropriate use of pressure relieving mattress specification in response to residents' level of assessed risk of pressure related skin injury, this protocol required revision to reflect mattresses available in the centre. Wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and included a treatment plan. Photographic evidence was not obtained. Tissue viability, dietitian and occupational therapy specialists were consulted as necessary to support staff with management of wounds that were not healing or deteriorating.

Staff were trained to provide advanced clinical procedures to prevent unnecessary hospital admission including intravenous antibiotic therapy, percutaneous endoscopic gastrostomy (PEG tube reinsertion) and subcutaneous fluid administration. Intravenous antibiotic therapy availability prevented 82 hospital admissions since commencement in 2008. There were three trained nurse prescribers on staff with scope of practice to prescribe subcutaneous fluid administration.

Judgment:

Substantially 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):

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

Findings:

St Joseph Care Centre is a single storey premises located on a large campus from which other health services to the community are provided based in separate buildings. The centre comprises three defined residential units, Padre Pio, St Therese's and The Lodge. Both male and female residents are accommodated in all three units.

While the layout and design of the multi occupancy rooms in two of the three resident areas continues to pose difficulties to providing for residents' individual and collective needs in a comfortable and homely way, the layout of multiple-occupancy bedrooms have undergone significant improvement since the last inspection in March 2015. The

inspector observed that the numbers of residents occupying each bedroom had been reduced to ensure residents' needs were met with regard to layout, space, privacy and dignity and access to personal clothing in wardrobes. Refurbishment of 'The Lodge' unit was complete and was fully occupied by residents on the day of this inspection. The Lodge unit was refurbished to a high standard and provided a therapeutic and accessible environment for residents including residents with dementia. Best practice principles in dementia care were applied throughout to enhance the quality of life and comfort of all residents but particularly residents with dementia.

Plans are in place to ensure the other two resident areas of this centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland by August 2021. This timeframe for full compliance is also a condition of the centre's registration with HIQA. The person in charge advised the inspector that refurbishment of the remaining two units will be completed on a phased basis to ensure the safety and comfort of the residents while in progress.

The internal premises was in a satisfactory state and repair and a painting of a large communal room was underway on the day of inspection. There was appropriate assistive equipment for use by residents which was stored appropriately. The person in charge advised the inspector that she had purchased additional equipment for residents recently to meet their needs. All residents had access to external secure garden areas. The garden areas were landscaped with shrubs and small trees and safe winding pathways. Outdoor seating was provided and the inspector observed residents using the gardens on the day of inspection.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care

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

Theme:
Person-centred care and support

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

Findings:
There were no residents in the centre in receipt of end of life care on the day of inspection. A policy document was in place to inform care of residents at the end stage of their lives in addition to procedures relating to last offices, post mortem, verification and certification of death and management of property of the deceased. Pain assessment and monitoring documentation was in place to ensure analgesia was

administered as required and monitored for effectiveness.

Most residents had made their end of life wishes known to staff and this information was documented in their care plans. This information was reviewed on a three-monthly basis to capture any changes in residents' wishes. There were systems in place for recording the 'end of life' wishes of a small number of residents who had not expressed their wishes to date.

Community palliative services attend the centre to support residents with pain and symptom management on referral of residents by staff. The centre had one bed in a single room dedicated for palliative care services. Staff had attended end of life training.

Families were facilitated to stay overnight in the centre with residents who are in receipt of end of life care. Residents are offered use of the centre's oratory for removal and funeral services which the inspector was told some residents availed of. Residents had access to religious clergy to meet their faith needs.

An annual remembrance service was held to remember residents who had deceased during the year.

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:

The inspector found that residents were provided with a nutritious and varied diet to meet their nutritional needs in the dining rooms in each of the resident areas. Food was cooked in a central kitchen and transported to the resident units. The centre has policies in place to inform management of the nutritional and hydration needs of residents. The policies included evidence based practice and procedures to advise staff on nutrition assessment and hydration, protected mealtimes and guidance for assisted meals. A nutritional risk assessment tool was used to assess residents' needs. Residents' weights were regularly assessed, documented and closely monitored with corrective actions implemented where risk was identified. Staff had attended training on aspects of nutrition and hydration to support them with meeting residents' needs. Dietician and speech and language specialist services were employed by the provider and attended

residents in the service as required.

Residents with swallowing difficulties were appropriately referred and assessed by the speech and language therapy (SALT) service.

There was evidence that the dietician and SALT recommendations were implemented and were recorded in residents' care plans and arrangements were in place for them to be copied to the kitchen for reference by the chef to ensure residents received food that met their dietary needs. Residents with swallowing difficulties who required assistance were assisted discretely and sensitively on a one to one basis by staff who maintained eye contact on the resident to ensure their safety with eating.

Residents' dining areas were spacious and each table in the dining room was dressed with a tablecloth and decorated with a fresh flower as a centre-piece. A selection of condiments was also available for use by residents to suit their tastes. Residents were provided with napkins to protect their clothing. The inspector saw that there was a choice of hot meal options offered on a daily basis to residents for their lunch and tea-time meals. Meals were presented in an appetising way. The menu was displayed on a menu board in the dining room and each table had a copy of the menu for residents' reference. The person in charge told the inspector that photographs of menu option will be sourced to support residents with dementia or other communication difficulties with making a choice about what they would like to eat. While staff reminded residents of the menu options available, photographs of the menu options were not used to support resident decisions on the day of inspection. Residents spoken with by the inspector expressed their satisfaction with and enjoyment of the food provided. Residents also confirmed that if they were not enjoying their meal or did not like the menu option on offer, the chef would always prepare an alternative for them. Residents had a choice of fluids to drink with their meals including milk and were offered hot and cold beverages and snacks throughout the day.

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:

Inspection findings supported that residents were consulted and involved in the running of the centre. There was a residents' committee forum in place, which was convened at regular intervals. Agendas and minutes were available. An advocate was available to assist residents who required support. The advocate visited the centre each week and their contact details were made available to residents and their relatives.

Inspectors observed staff knocking on the doors of residents bedrooms and closing doors when carrying out personal care to ensure residents' privacy and dignity was respected. Locks were fitted to bathroom and toilet doors to ensure residents' privacy when using these facilities. All personal information was stored securely to ensure residents' confidentiality was respected.

The centre was warm and comfortable on the day of inspection and residents were accommodated in three units. There was evidence that the team had made efforts in all resident areas to make the environment homely for residents with items of domestic furniture, such as kitchen dressers and traditional memorabilia. The inspector observed that the Lodge unit; which was recently refurbished to a high standard provided a therapeutic and accessible environment that supported and enhanced the quality of life for residents with dementia. Residents were encouraged to personalise their bedroom areas and many residents' bedrooms were decorated with their personal photographs, pictures and ornaments. A small number of residents chose to bring small items of furniture from home which was facilitated. There was areas for residents to meet their visitors in private outside their bedrooms if they wished.

Inspection findings indicated that improved assessment for residents, especially residents with dementia was required to ensure that activities provided met their interests and capabilities including whether 1:1 or small sensory based group activities were more appropriate to meeting their needs.

An activity co-ordinator had responsibility for co-ordinating resident activities to meet their interests and capabilities including residents with dementia and residents with acquired brain injury. One member of staff was employed for five days per week in this role to meet the activation needs of 68 residents with diverse needs and capabilities over three units. There was no coordinated activities provided in the evenings or at weekends. Although the activity co-ordinator demonstrated efforts to facilitate a programme to meet the interests and capabilities of all residents, inspection findings supported improvement was needed. Improvement was required especially for residents with dementia for whom a focused sensory 1:1 or small group activity programme was not available to meet their activation needs on a day to day basis. The centre's activity coordinator had completed accredited training in sensory based activity provision suitable for residents with dementia and facilitated sensory based sessions on a weekly basis in each unit. While personal assistant hours was available to support some residents with acquired brain injury, this resource was not in place for all residents in this category. Although there was evidence in residents' documentation records and from the inspector's observations that many residents enjoyed the activities provided, some residents with dementia were not therapeutically engaged outside of mealtimes on the day of inspection. For example, the inspector observed that while care staff made every effort to engage residents in conversation in one of the sitting rooms, a number of residents slept throughout or were unable to participate. The activity coordinator was

engaged in facilitating an activity session in another area of the centre at this time. A schedule of activities displayed in one of the dining rooms did not reflect the activities planned. For example, the schedule planner displayed advised that a party was scheduled for the Saturday following the inspection however, this information was incorrect.

Residents were supported to practice their religion. Mass was celebrated three times weekly. Religious ministers and the priest could be contacted at any time. Residents were facilitated to exercise their political rights and arrangements were in place to ensure residents could vote if they wished.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The inspector found that the numbers and skill mix of staff were appropriate to the assessed personal care and nursing needs of residents and the size and layout of the centre on the days of inspection. However the staffing resource required review to ensure the activation needs of residents with dementia and acquired brain injury were met. A registered nurse was on duty at all times in each of the three resident units. Residents confirmed that there were staff available in sufficient numbers and with the appropriate skills and competencies to meet their personal and health needs. Residents spoken with were highly complimentary in their comments about staff and confirmed that they were caring, responsive to their needs, and treated them with respect and dignity.

Staff observed and spoken with by inspectors demonstrated an understanding of their role and responsibilities in the delivery of person-centred care to residents. They demonstrated that they were knowledgeable about residents' individual needs and the process for reporting incidents, suspicions or allegations of abuse.

Staff told the inspector that they were well supported by the person in charge and management team. Supervision of staff was supported by a formal appraisal system which allowed each staff member to be informed of their progress and strengths, and have opportunity to address their development needs with the person in charge or their representative. This system also informed staff training needs.

Staff were facilitated to attend professional development and mandatory training requirements as evidenced by the centre's training records given to inspectors. A staff training programme was on-going. Most staff had completed up to date mandatory training in fire safety, adult protection, safe moving and handling procedures, management of responsive behaviours and cardio-pulmonary resuscitation. Training was scheduled for dates in the weeks following the inspection for remaining staff. Additional training and education in areas that reflected the needs of the resident profile in the centre was facilitated.

The inspectors viewed a sample of staff files which contained full and satisfactory information and documents as specified in Schedule 2 of the Regulations including vetting records and records of nurses' registration with An Bord Altranais agus Cnáimhseachais Na hÉireann.

Judgment:
Substantially 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:

Catherine Rose Connolly Gargan
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 Care Centre
Centre ID:	OSV-0000466
Date of inspection:	06/09/2016
Date of response:	03/10/2016

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

The absence of available appropriate enabling equipment did not ensure that some bedrail use reflected the national restraint policy guidelines.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

As evidenced in the inspection report, a restraint management policy was available to inform practice. All restraints used were recorded in a restraint register. There was evidence of comprehensive risk assessments completed for residents using bedrails

However Residents requiring use of a bedrail as an enabler currently have access to hand rail options only. Nursing Management are liaising with Estates regarding the option of using half-length bed rails to ensure that access in and out of bed is not restricted as could be the case with use of full-length bedrails.

A review of residents currently on the Units Restraint Register has taken place to determine individuals who would benefit from a half-length bed rail option. This needs analysis has informed discussions with Estates so needs identified can be included in possible purchase of new beds with option of half-length bed rail or alternatively source alternative options to beds currently in place.

The Multi disciplinary Team will continue to endeavour to reduce the overall number of bedrails used in the centre with the use of Low Low Beds / Crash Mat /Falls Management Alarm Systems.

Continuous audit in the Use of Physical Restraint to ensure practice in line with National Restraint Policy will continue as evidenced during inspection, findings from same will be reviewed to ensure that recommendations and agreed actions are complete to ensure continuous quality improvement

Proposed Timescale: 30/11/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Two open tubes of topical preparations in one medication trolley were not dated.

2. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

A memo has been issued to all Units regarding the findings of the inspection in relation to two open tubes of topical preparations in one medication trolley which were not

dated. (17/9/16)

Nursing Administration are liaising with Pharmacy in Mullingar regarding actions that can be put in place regarding issuing of labels to assist with compliance in this specific area.

Local policy has been reviewed to incorporate reference to storage and custody of topical gels. – (Complete 26/9/16)

Audit Process has been reviewed to incorporate storage and custody of medication – Complete - (Complete 26/9/16)

Proposed Timescale: 03/10/2016

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:

One resident's care plan in the sample reviewed was not updated since February 2016

3. Action Required:

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

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

Informal feedback received on day of inspection was disseminated to all unit areas and CNM's in charge.

Care Plan allocations have been reviewed to ensure that all residents have an allocated Key Nurse responsible for updating and review of care plans on a three monthly basis. In the event of Registered Nurse being off duty for a long period time the CNM in Charge will ensure re allocation of Resident and their care plan review to ensure that reviews and Care Plan documentation are in keeping with regulatory requirement.

Continuous audit of care plans and documentation will continue as evidenced during inspection, findings from same will be reviewed to ensure that recommendations and agreed actions are complete to ensure continuous quality improvement.

Proposed Timescale: With immediate effect - 28th October 2016

Proposed Timescale: 28/10/2016

Theme:

Effective care and support

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

While a protocol was in place to inform appropriate use of pressure relieving mattress specification in response to residents' level of assessed risk of pressure related skin injury, this protocol required revision to reflect mattresses available in the centre.

Protocols required development to inform subcutaneous fluid replacement administration.

4. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:**1. Pressure Area Care.**

A Working Group has been established to develop policies in relation Wound Care and the Prevention and Management of Pressure Ulcers. The Working Group is working in collaboration with Regional Tissue Viability Nurse, this review will now incorporate a decision making framework to guide staff in the appropriate use of available pressure relieving mattresses. Considerable investment has been made into the purchase of pressure relieving mattresses in 2016 which will greatly enhance the care being delivered to our residents. These policies and decision making framework on completion will be included in Wound Care Education planned to take place by end of November.

2. Subcutaneous Fluid Replacement administration.

There is currently a regional and national policy to guide this aspect of care within the centre. However following feedback from inspection a Decision Making Framework/Protocol is being developed, nearing completion, in collaboration with General Practitioner, Nursing Administration and clinical staff. The framework is underpinned by Health Services Executive (2014) (HSE) National Nursing Policy and Procedure for Hypodermoclysis in Adults (Administration of Subcutaneous Infusions)

Once completed this Protocol, will be implemented by provision of educational sessions to all registered nurses to ensure that they are familiar with the Protocol and its use.

1. Wound Care – 31st December 2016

2. Subcutaneous Fluid Replacement administration - 30th November 2016

Proposed Timescale: 31/12/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout and design of the multi occupancy rooms in two of the three resident areas continues to pose difficulties to providing for residents' individual and collective needs in a comfortable and homely way,

5. 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 following were agreed measures for reconfiguration of the unit to ensure compliance with HIQA standards. The proposed works are due for completion in three Phases.

Phase 1

Sunset/Autumn Lodge – Refurbishment works completed April 2016

Phase 2

Main Building - St Therese, reconfigure the area for provision of 20 beds

Phase 3

Main Building – Padre Pio, reconfigure the area for provision of 21beds.

See attached documents detailing:

- Programme of work including timeframes / Capital Allocation
- Proposed plans for reconfiguration.

Proposed Timescale: Q3 2021

Proposed Timescale: 30/09/2021

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:

There was no coordinated activities provided in the evenings or at weekends.

Improvement was required to ensure all residents including residents with dementia had access to an activity programme that met their interests and capabilities.

The activity programme displayed was not accurate.

6. 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 the activities programme will now include co – ordinated activities in the evening and weekend on all units.

All Activity programmes displayed now have accurate information displayed.

A review will be undertaken of all residents care plan including residents with dementia to ensure they have access to an activity programme that will meet their individual interests and capabilities.

Discussions have taken place with Activities Co –ordinator regarding a peer support programme for staff to allow staff to develop skills required in determining suitable activities with specific reference to residents with dementia as guided by PAL Activity Assessment.

CNM's to play a pivotal role in the promotion of activity provision to ensure that a programme of activities is in place on their identified unit.

Currently each unit has dedicated hours on each unit 7 days a week and a review of activities provision will include an analysis of how these hours are utilised on each unit to ensure maximum benefit for residents with regard to the implementation of a person centred activity programme that will enhance their health and wellbeing. The Management are supporting an ethos of a "whole team" approach to activity provision in all units.

Feedback from residents and families will be requested at next Residents Forum meeting scheduled for 3rd November 2016.

Proposed Timescale: 30/11/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Staffing resources required review to ensure the activation needs of residents with dementia and acquired brain injury were met.

7. 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 Management acknowledge that on the day of inspection the inspector found that the numbers and skill mix of staff were appropriate to the assessed personal care and nursing needs of residents and the size and layout of the centre on the days of inspection as evidence in the inspection report. However the staffing resource required review to ensure the activation needs of residents with dementia and acquired brain injury were met.

A review of activities provision as outlined in Outcome 16: Residents' Rights, Dignity and Consultation will also include a review of staff resources currently in place in each unit to analyse how these hours are utilised to ensure maximum benefit for residents with regard to implementation of a person centred activity programme that will enhance the health and wellbeing of residents.

One of the Units has recently had a roster review to incorporate a twilight shift which allows for an increase in the number of staff on the unit which will assist in implementing more co-ordinated activities provided in the evenings or at weekends. Commenced 19/09/16.

MDT representation where it is deemed appropriate is being made with Disability Services/ ABI Ireland with regards Personal Assistant hours to ensure that residents with acquired brain injury have access to this service.

Proposed Timescale: 30/11/2016