<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Joseph's Hospital Ardee</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000537</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ardee, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>041 685 3304</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:bernie.murphy@hse.ie">bernie.murphy@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maura Ward</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Bernadette Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Unannounced</td>
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<td>Number of residents on</td>
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<tr>
<td>Number of vacancies on</td>
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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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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: 05 March 2014 12:30  To: 05 March 2014 19:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tbody>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Medication Management</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection
The inspector ascertained the views of residents relatives and staff members, observed practices and reviewed documentation such as care plans, medical charts, accident logs and policies and procedures. Matters arising from the previous inspection (9 outcomes and 15 actions) carried out on 10 January 2013 were examined. The outcomes related to documentation/records, risk and medication management, review of residents' health and social care, premises and staffing (levels and training). While some matters have been satisfactorily actioned a number of issues remain outstanding and are restated in this report.

Bernadette Murphy, the person in charge was available throughout the inspection and the provider Maura Ward attended the feedback session regarding the inspection findings.

The inspector found that residents and relatives were positive in their feedback and expressed satisfaction about the facilities and services and care provided.
There were measures in place to protect residents from being harmed or suffering abuse. The inspector found that residents had good access to nursing and medical and allied health care, however, medication management was not in compliance with the legislation, standards and good practice guidance. Residents were involved in a variety of activities such as entertaining their visitors, watching television chatting with each other and staff. Some residents returned from a local day care centre and a group of residents attended an art therapy class.

Some risks which had been identified during the previous inspection had not been actioned while other risks had not been identified by the management and staff and analysed with a view to controlling/minimising them.

There are aspects of the premises which did not meet the legislation and Standards, however, the inspector was informed by the provider that action is being taken to ensure full compliance. On the day of the inspection the centre was comfortable and homely for residents, however, the inspector found areas of general untidiness.

The inspector found that there was adequate staff to meet the needs of the residents being accommodated, however, all staff were not appropriately supervised.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:**  
Leadership, Governance and Management

**Judgement:**  
Non Compliant - Moderate

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

**Findings:**  
In the previous inspection report it was identified that the statement of purpose and function for the centre had not been kept up to date. Following the inspection (1
February 2013) it have been amended to show the whole time equivalent level of staff following redeployment, however, further staff changes made in the latter part of the year had not been reflected in the statement of purpose.

**Outcome 06: 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.*

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

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

**Findings:**
The inspector examined the measures that management had put in place to protect residents from being harmed or suffering abuse. The inspector spoke with a staff member who was able to describe the policy and procedure in relation to protecting residents from abuse, was able to identify different types of abuse and was aware of the duty to report and have any incidents investigated.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Major

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

**Findings:**
While there was a risk management policy/procedures and systems in place to assist in the identifying, assessing and taking precautions to control/minimise risks the inspector found that the risk management policy had not been fully implemented throughout the centre as the following risks were identified: –

- A staff member working in the centre was not familiar with the fire safety/evacuation procedures.
- A fire exit door was obstructed by a mobility aid.
The motor of a resident’s pressure relieving mattress had been turned off and was only attached to the bed frame on one side.
- The sluice room had been left open and accessible to residents.
- The lid on the clinical waste bin did not close securely.
- Clean items were stored in the sluice room.
- A radiator on the link corridor was extremely hot to the touch and showed a temperature of 62.3°C. The radiator in a resident’s bedroom was hot to the touch and give a temperature reading of 56.5°C. A radiator in one of the shower rooms was hot to the touch.
- The hot water in the wash hand basin in a bathroom was very hot and a temperature reading of 65.2°C was recorded.
- There was water spillage on the floor from a leaking wash hand basin tap in a 3 bedded room where two residents were sitting.
- A cleaning room containing chemical hazards was unlocked.
- The cleaning trolley was left on the corridor and was storing hazardous chemicals which were accessible.
- Part of the cover of the resident’s emergency alarm call system situated in a toilet was missing.

The inspector heard the communication between staff and a resident in respect of a transfer from bed to sitting position. The inspector identified that insufficient thought and adequate precautions had not been taken regarding the preparedness for the transfer as additional equipment had to be sought during the transfer and other equipment had to be removed from the bedroom. This situation increased the anxiety of the resident.

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**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Major

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

**Findings:**
While the inspector was aware that there was a policy and procedures to guide staff in the management and administration of residents’ medication some residents were not protected by these procedures as a nurse administering medicines pre-signed the medication administration record chart.
### Outcome 09: Notification of Incidents

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

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Safe Care and Support</th>
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<td>Judgement:</td>
<td>Non Compliant - Major</td>
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</table>

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

**Findings:**
A notification in respect of a pressure sore had not been forwarded to the Authority. This was discussed on inspection and subsequently a notification retrospectively had been received by the Authority.

### Outcome 10: Reviewing and improving the quality and safety of care

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Effective Care and Support</th>
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<tbody>
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<td>Judgement:</td>
<td>Non Compliant - Major</td>
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**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A system had not been maintained for reviewing, monitoring and improving the quality of life of residents as the following issues were identified:
- A plastic beaker with thickened liquids/drink was placed on top of a bedside locker out of reach of the resident and with no covering.
- A resident’s bedroom was untidy with a variety of items placed on a table in the corner including syringe needles, scissors, unfolded towels left on the top of three stools and a resident’s framed photograph placed face downwards on the bedside locker.
- It was not possible for one of the residents in a three bedded room to see the television set due to where it was positioned.
- While staff were attending to the personal care needs of a resident an over bed table containing the resident’s personal possessions was removed from the room and left on
the corridor.

A report in respect of any review conducted for the purposes of reviewing the quality and safety of care provided to and the quality of life to residents was not available for inspection and to residents.

Staff members had not consulted with a resident who was immobile as the resident wished to have the television switched on.

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Compliant

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

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

**Findings:**

The matter identified in the previous inspection report related to social care provision. There was evidence that this had been addressed as the inspector saw that there were opportunities for residents to participate in activities that were meaningful and purposeful to them and that reflected their interests and capacities. The inspector spoke with a resident who had returned from day care and described interesting activities and events. The inspector spoke with a group of residents who were involved in art therapy and was aware of their excitement and achievements during this socially stimulating activity. Other residents were involved in low-key activities such as watching television, listening to the radio, entertaining visitors and or reading.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there were arrangements in place to ensure that residents had regular access to allied health professional services. There was evidence that residents were risk assessed with regard to dependency, moving and handling, falls, nutrition, incidents and the risk of pressure sores. Individual care plans were maintained and there was evidence of resident and relative involvement.
The inspector saw that there was a variety of assisted technology equipment/aids assisted devices available to residents to enable their mobility and independence. Risk assessments had been carried out and were available for inspection.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Major

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

**Findings:**
The following matter identified in the previous inspection report had not been fully actioned: –
- The Authority had not received confirmation from a competent person confirming that all the requirements (identified and prioritised as B and C work) by the statutory fire officer had been addressed.

In addition the following environmental shortcomings were identified: –
- The flooring in the shower room (U4) room was cracked and split at the water outlet.
- Wheel chairs were being stored in the designated smoking area.
- An electric hob located in the male ward was out of order and had not been replaced/repaired.
- Aspects of the external environment had not been maintained for example the paved area was mossy, the paintwork of the wooden garden furniture had peeled due to exposure to weather conditions and a wooden pallet was lying on the ground.

During the inspection a resident’s bedding required to be changed and this was carried out by staff on duty, however, the inspector saw that the bed had not been made appropriately for the comfort and well-being of the resident and was later informed that there was insufficient bed linen available to make the bed.
**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

**Judgement:**
Compliant

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

**Findings:**
The inspector found that the centre has written operational policies and procedures for the management of complaints. An examination of the complaints process showed that the designated complaints officer on behalf of the centre, the person in charge had carried out investigations into complaints/unsolicited information and investigated these appropriately. The Authority had been provided with a report detailing the findings and outcomes which identified areas for further improvement.

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**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

**Judgement:**
Compliant

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

**Findings:**
The inspector observed the lunchtime meal and found that residents were provided with food and drink in quantities adequate for their needs. Food was properly served, cooked and was wholesome and nutritional. Staff provided assistance to residents in a discreet and sensitive manner.
### 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.*

**Theme:**
Person-centred care and support

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The inspector met residents and relatives during the course of the inspection and those who communicated their views were positive regarding the facilities and services and the provision of care. However residents’ privacy had not been respected in all instances, for example there was insufficient screening around a resident’s bed in a 2 bedded room. The inspector noted that residents' dignity had not been respected in that residents’ photographs displayed on a communal corridor were not protected and were curled at the edge.

### 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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The matter arising from the previous inspection related to the adequacy of storage space for residents' personal possessions, however, this matter was still with in the agreed timescale for completion. The inspector found that there was insufficient wardrobe space for some residents’ clothing as the bedside locker only provided limited
storage for hanging garments.

### 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. |

**Theme:**
Workforce

**Judgement:**
Non Compliant - Major

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

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

**Findings:**

The inspector found that there were appropriate staff members and skill mix to meet the assessed needs of residents at the time of the inspection. Staff demonstrated that they had up-to-date mandatory training for example food hygiene protection of residents from abuse and hand hygiene. However a staff nurse was unfamiliar regarding best practice guidance in respect of wound care. The inspector was informed that the registration of staff with their professional bodies was an up-to-date.

There was insufficient supervision of students on work experience as a student did not have full knowledge with regard to securing the brakes on a wheel chair while the resident was in a stationary position.

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
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<td>05/03/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose had not been kept up to date.

**Action Required:**
Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

Please state the actions you have taken or are planning to take:
- Statement of purpose has been reviewed and amended accordingly to include the Director of Nursing, no of WTE MTA and change of function of smoking room. It will be monitored regularly and amended with any change in purpose to the centre.

**Proposed Timescale:** 30/06/2014

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 07: 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:
The risk management policy/procedure had not been implemented throughout the designated centre as the following risks were identified on inspection:
- The motor of a resident's pressure relieving mattress had been turned off and was only attached to the bed frame on one side.
- The sluice room had been left open and accessible to residents.
- The lid on the clinical waste bin did not close securely.
- Clean items were stored in the sluice room.
- A radiator on the link corridor was extremely hot to the touch and showed a temperature of 62.3°C. The radiator in a resident’s bedroom was hot to the touch and give a temperature reading of 56.5°C. A radiator in one of the shower rooms was hot to the touch.
- The hot water in the wash hand basin in a bathroom was very hot and a temperature reading of 65.2 °C was recorded.
- There was water spillage on the floor of a 3 bedded room where two residents were sitting.
- A cleaning room containing chemical hazards was unlocked.
- The cleaning trolley was left on the corridor and was storing hazardous chemicals which were accessible.
- Part of the cover of the resident’s emergency alarm call system situated in a toilet was missing.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
The RP and PIC acknowledge the risks identified and have addressed same as a matter of priority.

1. The motor of a resident’s pressure relieving mattress had been turned off and was only attached to the bed frame on one side.
The mattress concerned had been unplugged to permit cleaning around the residents bed area following resident being got out of bed.
The motor was immediately restarted within a short period of time and although pressure had slightly reduced, the mattress was immediately inflated and settings checked to ensure it was functioning correctly to meet the residents pressure relieving requirements.
The connecting strap was reconnected and all other straps on all other mattresses checked to ensure they were connected. #
The importance of ensuring that the appropriate air pressure is maintained in all pressure relieving mattresses was reinforced with all staff (including cleaning staff) during pressure relieving management training update.
A red warning notice has been displayed on all pressure relieving mattress plugs
alerting staff that this plug should be not be unplugged.
The guidelines if a resident is identified "At Risk has been amended to advise staff of
the importance of ensuring that mattresses are powered at all times in addition to
ensuring that they are set at the correct pressure to meet the residents needs.

2. The sluice room had been left open and accessible to residents.
The sluice doors have been fitted with a self closing mechanism.
A key code is also ordered and will be fitted to both sluice doors on receipt of same.
A notice is displayed on doors to instruct staff that they must close door on exiting
sluice.
Compliance will be monitored by the PIC

3. The lid on the clinical waste bin did not close securely.
   • The replacement clinical waste bin has been ordered and put into use on the
     29/05/14. An additional clinical waste bin has been ordered and will be available as an
     immediate replacement in the event of a reoccurrence.
   • A MTA has been designated the role of checking all equipment on weekly basis and
     reporting any faulty equipment immediately to PIC.
   • A log of equipment checks will be maintained in the PIC office and subject to audits
     monthly.
   • The PIC will monitor compliance

1. Clean items were stored in the sluice room
   • This action is now complete. Holders to house gloves have been installed outside both
     sluice rooms and no clean items such as gloves will be stored in sluice rooms from now
     on.
   • There are no residents within the designated centre who may be at risk from storage
     of latex gloves outside sluice door.

2. A radiator on the link corridor was extremely hot to the touch and showed a
temperature of 62.3°C. The radiator in a resident’s bedroom was hot to the touch and
give a temperature reading of 56.5°C. A radiator in one of the shower rooms was hot to
the touch
It is the resident’s choice to have her room very warm. She has been assessed and it is
documented that she has full capacity to make choice. It is acknowledged that this is a
potential risk and with the residents agreement wooden radiator covers have been
ordered and will be installed on 12/06/14.
There are thermostat control valves on these radiators and these valves have been
checked and recalibrated to 43 degrees by a plumber on the 9/05/14.
A daily monitoring system carried out by the MTA each morning has been commenced
to identify if radiators are excessively hot. The MTA is required to report this and adjust
thermostats on a daily basis to ensure that radiators accessible to residents are not
excessively hot.

3. The hot water in the wash hand basin in a bathroom was very hot and a temperature
reading of 65.2 °C was recorded.
   • TMVs on all outlets will be recalibrated on the 19/06/14 by a plumber and a follow up
     service date arranged to service same thereafter.
An audit procedure of the radiators and water temperatures has commenced on a
4. There was water spillage on the floor of a 3 bedded room where two residents were sitting.
   - An interim measure to rectify the leak had been undertaken.
   - This leak was repaired as a priority by an experienced plumber.

5. A cleaning room containing chemical hazards was unlocked.
   - Cleaning staff have been instructed to ensure that the doors to the cleaning presses are kept securely locked at all times.
   - Chemical awareness training is being organised for household staff.

6. The cleaning trolley was left on the corridor and was storing hazardous chemicals which were accessible.
   - The cleaning staff have been instructed to ensure that cleaning trolleys are stored appropriately when not in use and kept locked at all times.
   - Chemical awareness training is being organised for household staff.

7. Part of the cover of the resident’s emergency alarm call system situated in a toilet was missing.
   - The cover was immediately replaced and staff have been reminded of the importance of reporting any faulty equipment.

All the above risk have been included in the centres risk register with identified controls including the above controls

**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

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

Adequate precautions had not been identified and controls put in place to avoid potential risks and distress to a resident during the transfer from bed to a sitting position.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
- The resident identified has been re-assessed from a moving and handling perspective by a moving and handling instructor and the equipment required is clearly stated in the resident’s care plan.
- Staff involved in this lift have been scheduled as priority for refresher retraining
- All residents have been recently re-assessed from a moving and handling perspective. These assessments are located on the inside of their individual lockers and also in their weekly basis. Documentation of audit results is in place
care plans.
- Mandatory moving and handling training is on-going and a list of those requiring training this year has been compiled and training dates will be arranged during the year.
- A health and safety audit has been carried out in conjunction with the health and safety advisor for this location, Irene Ryan, on 28/04/14. Any deficits will be addressed following receipt of the audit report.
- Environmental hazards are carried out annually and are included in the health and safety folders located in each area.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2014</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A fire exit had been obstructed.

**Action Required:**
Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

**Please state the actions you have taken or are planning to take:**
- A system has been established to ensure checks are carried out daily on all fire exits.
- All exits will be identified checked, signed off as clear individually.
- The PIC will monitor same

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<tr>
<td>Theme: Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff working at the centre were not familiar with the fire evacuation procedures.

**Action Required:**
Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

**Please state the actions you have taken or are planning to take:**
- A system has been established to ensure all new staff are made aware of the fire evacuation procedures by means of an induction checklist which must be signed by the relevant staff member
- Personal Emergency Evacuation Plans are being compiled for all residents.
- Fire Drills are held at least twice yearly as part of the fire training which is mandatory for all staff.
- A simulated evacuation will be undertaken for day and night duty with the staffing levels on duty, commentary will be recorded. Time to complete drill will be stated and action plan developed to correct deficits.
Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not protected by the medication management procedures as the medication administration record/chart had been pre-signed.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
• The nurse involved in the incident has recorded this incident as a drug error
• Medication management sessions are currently being established at local level
• The nurse identified as pre-signing the medication administration record has commenced the HSELanD medication management training and a system has been established to ensure all nurses complete this course by 31st June 2014.
• Medication administration audits are currently being carried out by the Director of Nursing.

Proposed Timescale: 31/08/2014

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Notice had not been given to the Chief Inspector of the occurrence in the designated centre of a pressure wound above grade 2.

Action Required:
Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Please state the actions you have taken or are planning to take:
• This omission has been discussed with the PIC to ensure that she is aware of her legal responsibilities regarding the reporting of incidents to the regulatory authority.
• The wound identified by the inspector has since been forwarded on an NF03 form to the regulatory authority by the PIC.
• This issue has been highlighted on an action report circulated to all ward areas for all
nursing staff to ensure that they are aware of the importance of reporting any wound or serious injury immediately to nursing management.

- NF03 forms will be completed and forwarded to HIQA within 3 days of the occurrence of future serious incident.
- Wound Management training and assessment of competence will be undertaken by all staff on a one to one basis and will be completed in by end of July 2014.
- Residential Services for Older People in Louth have approved the appointment of a Tissue Viability/Infection Control Nurse. This post will be advertised on the 13/06/14.

Proposed Timescale: 31/07/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A system had not been maintained for reviewing, monitoring and improving the quality of life of residents as the following issues were identified:

- A plastic beaker with thickened liquids/drink was placed on top of a bedside locker out of reach of the resident and with no covering.
- A resident’s bedroom was untidy with a variety of items placed on a table in the corner including syringe needles, scissors, unfolded towels left on the top of three stools and a resident’s framed photograph was placed face downwards on the bedside locker.
- It was not possible for one of the residents in a three bedded room to see the television set due to where it was positioned.
- While staff were attending to the personal care needs of a resident an over bed table containing the resident’s personal possessions was removed from the room and left on the corridor.

Action Required:
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Please state the actions you have taken or are planning to take:
1. A plastic beaker with thickened liquids/drink was placed on top of a bedside locker out of reach of the resident and with no covering
   - This issue has been highlighted on an action report circulated to all ward areas for all staff.
   - The resident had been assessed by the speech and language therapist and identified as requiring grade 4 thickened fluids which necessitate the use of a spoon.
   - Staff have been reminded that all drinks must be within reach of residents and covered when not in use.
   - The PIC will supervise and audit this practice.

2. A resident’s bedroom was untidy with a variety of items placed on a table in the corner including syringe needles, scissors, unfolded towels left on the top of three
stools and a resident’s framed photograph was placed face downwards on the bedside locker.

- The items placed on a table and a stool in a resident’s room have since been removed. A 50ml catheter tip syringe is essential for PEG feeding purposes and so is required at the bedside of those residents who are fed by means of a peg tube.
- Staff have been reminded to keep areas tidy and clutter-free
- A system has been established to ensure that the PEG feeding tray is cleaned on a daily basis.
- A resident’s photo frame which had fallen forward has since been re-positioned, which has resolved the problem.

The PIC will supervise and audit this practice.

3. It was not possible for one of the residents in a three bedded room to see the television set due to where it was positioned.

- A local firm has been contacted to provide a bracket for the TV to ensure that it is positioned so that all residents can view it easily. This has been ordered however we have been informed that this is out of stock at present and will be sourcing bracket through another supplier. This will be installed on receipt of same.

4. While staff were attending to the personal care needs of a resident an over bed table containing the resident’s personal possessions was removed from the room and left on the corridor.

- This issue has been highlighted on an action report circulated to all ward areas for all staff reminding them to remove personal items before leaving any furniture outside the room.

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

A report in respect of any review conducted for the purposes of reviewing the quality and safety of care provided to and the quality of life to residents was not available for inspection and to residents.

**Action Required:**
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

- We are currently compiling a quality and safety of care report which we will make available to residents and forward by the 31st October 2014.
Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff members had not consulted with a resident who was immobile as the resident wished to have the television switched on.

Action Required:
Under Regulation 35 (3) you are required to: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Please state the actions you have taken or are planning to take:
• An audit of this resident’s care plan in relation to social activities has been completed by the resident’s key nurse in conjunction with the activities co-ordinator.
• All staff have been reminded to ensure the care plan in relation to social activities is adhered to for all residents.
• The PIC will supervise same

Proposed Timescale: 31/05/2014

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 physical design and layout of the premises did not meet the needs of each resident as the following issues were identified:
• The Authority had not received confirmation from a competent person confirming that all the requirements (identified and prioritised as B and C work) of the statutory fire authority had been addressed.
• The floor covering in the lift which was rising had not been replaced.
• The flooring in the shower room (U4) room was cracked and split at the water outlet.
• An electric hob located in the male ward was out of order and had not been replaced/reppaired.

Action Required:
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:
1. The Authority had not received confirmation from a competent person confirming that all the requirements (identified and prioritised as B and C work) of the statutory fire authority had been addressed.
• The HSE fire officer, Nicola McKenna, has been consulted in relation to this issue and has confirmed that the works will be addressed as part of the upcoming refurbishment
programme.
- An email from the Fire Officer confirming the above has been forwarded HIQA on 08/05/14.
2. The floor covering in the lift which was rising had not been replaced.
- The floor covering had been replaced in May 2013 and this fact will be reflected on the Factual Accuracy form.
3. Flooring in the shower room (U4) room was cracked and split at the water outlet.
- We are presently sourcing quotes from suitable companies to carry out repairs to this flooring. This flooring will be replaced on the 18/06/14
4. An electric hob located in the male ward was out of order and had not been replaced/repairs.
- The electric hob has been replaced.

**Proposed Timescale:** 31/08/2014  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was insufficient bed linen available to make a resident's bed appropriately and comfortably.

**Action Required:**  
Under Regulation 19 (7) (f) part 1 you are required to: Change bed linen, disposable sheets and incontinence wear as frequently as may be required for the comfort and well-being of each resident.

**Please state the actions you have taken or are planning to take:**  
- Extra bed linen had been ordered and is available to all ward areas.
- Staff have been reminded to report any shortfalls to management in a timely fashion.
- The PIC will supervise the supply of linen in order to ensure it meets the needs of residents.

**Proposed Timescale:** 31/05/2014  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Suitable provision had not been made for the storage of wheelchairs which were being stored in the designated smoking room.

**Action Required:**  
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

**Please state the actions you have taken or are planning to take:**  
- Storage space is limited currently in St. Josephs and we hope this will be rectified following the refurbishment works. In the interim, one folded wheelchair can be stored
in the storage area beside the bathroom in the Unit.
• Following a review of the residents’ needs it was agreed in consultation with residents that the smoking room would be designated as additional storage areas. Currently none of the residents in St Josephs smoke.
• The SOP has been amended to reflect this change of purpose and that the centre will not be able to meet the needs of residents who smoke.

**Proposed Timescale:** 10/06/2014  
**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Aspects of the external environment had not been maintained for example the paved area was mossy, the paintwork of the wooden garden furniture had peeled due to exposure to weather conditions and a wooden pallet was lying on the ground.

**Action Required:**
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:
• The moss has been removed from all areas used by residents and visitors and the general operative has been advised to monitor this on an ongoing basis.
• We are arranging to have the garden furniture sanded and re-varnished in conjunction with the local community school and the maintenance department.
• The wooden pallet has been removed and all staff have been reminded to notify their line manager of any items that are incorrectly placed.
• The PIC will supervise compliance with these actions

**Proposed Timescale:** 31/07/2014

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<th>Outcome 16: Residents Rights, Dignity and Consultation</th>
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<td><strong>Theme:</strong> Person-centred care and support</td>
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<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
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There was insufficient screening in a two-bedded room to ensure a resident’s privacy.

**Action Required:**
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
• We contacted a company who assessed the area and we subsequently ordered the necessary equipment to address this issue. The new screen was installed on 06/05/14.
Proposed Timescale: 06/05/2014

Outcome 17: Residents clothing and personal property and possessions
Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient wardrobe space for some residents’ clothing as the bedside locker only provided limited storage for hanging garments.

Action Required:
Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

Please state the actions you have taken or are planning to take:
• An audit into this issue was previously carried out in 2013 and extra space was provided for the resident who indicated there was a deficit in her storage space.
• We intend to make storage a priority in the proposed refurbishment plans for St. Joseph’s and are highlighting this to the HSE estates department.
• In the interim, if residents wish to store out of season clothing we will provide extra storage space on the first floor which we have done for the resident concerned.
• At a resident’s meeting on 6/5/14 residents were asked about their satisfaction levels in relation to storage space. One resident expressed a wish to have a different type of wardrobe and we are sourcing a suitable one for her. Following assessment it was deemed necessary to contract a company to measure for a purpose built wardrobe for the resident, This was undertaken on the 03/06/14.
• The MTA staff have completed an assessment of residents clothing to ensure clothing not in season and items not currently being used are stored appropriately on the first floor.

Proposed Timescale: 30/06/2014

Outcome 18: Suitable Staffing
Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice as staff had insufficient knowledge of wound care.

Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.
Please state the actions you have taken or are planning to take:

- A computer has been designated within St. Joseph’s for all staff to use to access online HSELand and support is offered to assist staff to complete courses.
- Specialists in tissue viability are being contacted to provide on-site training for nurses who will be released from duty to attend same.
- All staff have been asked to identify their requirements in relation to their own competencies and to complete a training needs analysis and return to nursing management so appropriate training can be organised.
- The HSE training and education prospectus is available in all ward areas and staffs are encouraged to identify and attend courses appropriate to their needs.
- A schedule of other appropriate additional training will be completed.
- Services for Older People have sought and been successful in the approval of a Practice Development Coordinator for Elderly Residential Care. This post will be advertised on the 13/06/14

Proposed Timescale: 31/12/2014

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient supervision of students on work experience.

Action Required:
Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

- In relation to the resident identified in the report as not having the brakes on while in her wheelchair, this resident values her independence and likes to have the brakes off so she can move herself around independently. This resident’s personal choice has been risk assessed to ensure the resident is not at risk if brakes are not engaged.
- A system of mentioning with RGN/MTA have been developed for all FETAC students on placements at present, this is documented on the staff roster.
- FETAC Students will be required to spread their placement hours beyond core hours (9am to 17hrs) to facilitate improved monitoring and supervision.
- The number of placements offered to FETAC level 5 students will be reviewed to ensure acceptable numbers to ensure safe supervision and monitoring,
- The PIC will monitor compliance following review.

This risk will be entered on the centres risk register with identified controls to mitigate risk of adverse incidents occurring.

Proposed Timescale: 31/07/2014