### Health Information and Quality Authority Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Joseph's Supported Care Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000555</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilmoganny, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>051 648 091</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@stjosephshome.net">info@stjosephshome.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St. Joseph's Supported Care Home</td>
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<tr>
<td>Provider Nominee:</td>
<td>Nicholas Flavin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Caroline Connelly;</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>16</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</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 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 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
07 January 2015 10:30 07 January 2015 18:10
08 January 2015 09:30 08 January 2015 15:20

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

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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<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 14: End of Life Care</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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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This was an announced inspection following an application by St Joseph’s Care Home, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the nominated provider, the person in charge, nurses and other staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the provider as part of the renewal process was done so in a timely and ordered manner.

The last inspection, on 29 July 2014, was a thematic that focused on the outcomes
of food and nutrition and end-of-life care. The inspection findings were satisfactory and, where required, the provider and person in charge had taken action accordingly. A copy of that report, including the provider's response and action plan, can be found on www.hiqa.ie.

The findings of this re-registration inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on 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. The inspectors were satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested.

Areas for improvement were identified in relation to safeguarding and safety, medication management and staffing and documentation. These issues are covered in more detail in the body of the report. Other than these findings the inspection outcome was satisfactory and the centre was compliant with the conditions of registration granted.
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 2013 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:
The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
An effective organisational structure was in place with overall governance from a board of members via the nominated provider. The governance arrangements were satisfactory with delivery of care directed via a designated person in charge who was suitably qualified and experienced and was employed on a full-time basis.

There was a clearly defined management structure in place that was sufficiently
resourced to provide safe, effective care appropriate to the needs of the resident profile. Staff understood the management structure and effective systems of communication were in place with regular and on-going contact between the provider and person in charge. Staff were aware of the requirements in relation to the Regulations and a copy of the National Standards was available and accessible at the centre. Members of staff spoken with were found to be committed to providing quality, person-centred care to their residents. Minutes of team meetings were available with the last recorded on 22 September 2014.

Arrangements were in place whereby the person in charge was deputised by the senior staff nurse. However, this appointment was very recent and management training and the delegation of tasks within the role required clarification. In this respect the management system required further development to ensure the service provided was safe, consistent and effectively monitored. The person in charge explained that measures were in hand to address this issue and the provider indicated a commitment to ensuring contingency plans were put in place that were effective and workable. Measures already in place included a formalised performance management system with regular appraisals and a rolling schedule of training under continuous review.

The quality of care and experience of the residents was monitored and inspectors noted that resident satisfaction surveys had been undertaken with changes introduced in response to suggestions. Also, the person in charge had carried out audits on the delivery of care to inform the review of its quality and safety though the annual report in this respect had not been completed.

Judgment:
Non Compliant - Moderate

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A guide outlining the services and facilities of the centre was available to residents. The inspector reviewed a sample of resident contracts which included details of the overall fees to be paid and services to be provided in relation to care and welfare. The contracts reviewed were dated and had been signed by the resident.

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

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<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td>Findings:</td>
<td>The person in charge held a full-time post and was a registered nurse with experience appropriate to the role. A clear reporting system was in place with the person in charge reporting to both the provider and also a governance board. A senior staff nurse reported to the person in charge and, in the event of the person in charge being absent, deputised in that role. Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. In the course of the inspection the person in charge demonstrated a satisfactory knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also understood the regulatory responsibilities associated with the role and demonstrated an on-going commitment to compliance with the statutory requirements.</td>
</tr>
<tr>
<td>Judgment:</td>
<td>Compliant</td>
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</tbody>
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**Outcome 05: Documentation to be kept at a designated centre**  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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<tbody>
<tr>
<td>Outstanding requirement(s) from previous inspection(s):</td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td>Findings:</td>
<td>Documentation in respect of schedule 2 of the regulations was, in the main, well maintained though records of training in relation to the administration of medicines for care staff were not consistently recorded.</td>
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</table>
A directory of residents was in place which included the relevant information as detailed in Schedule 3 of the regulations including biographical information and the contact details of specified parties. Information for residents was available as required including a current statement of purpose. A residents’ guide was also in use which summarised the services and facilities provided by the centre and the terms and conditions of residency, including arrangements for residents' involvement in consultation. Procedures around complaints and visiting arrangements were also summarised.

Other records as specified in Schedule 4 of the regulations were available and accessible in relation to admission fees and services, the right and process of complaint and risk management around fire safety. These are detailed under their respective outcomes throughout this report. In relation to all records referenced above maintenance was in keeping with timeframes specified within the regulations.

Written, site-specific policies and procedures, as listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were maintained in a manner whereby they were both current and complete and also readily accessible for reference. However, as further detailed at outcome 9, the medications management policy required development and a small number of care plans for residents who were self-administering required review in relation to capacity and consent.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an absence. There had been no such period of absence by the person in charge since the last inspection.

**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:**
A policy was in place for the management of residents’ personal belongings and valuables dated November 2014 and an inventory of personal belongings was maintained. There was a separate policy on residents’ finances dated December 2014. Inspectors reviewed a sample of finance records and found that they reconciled with the related account balances. However, the procedures in place to safeguard these processes required further development as there was a lack of transparency and control around receipts and documentation in particular.

Staff spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated July 2014 which was comprehensive and included directions where allegations were made against residents or visitors. The training matrix indicated training in this area was on-going with training last delivered on 20 November 2014. However, one member of staff had not received updated training within the required two year time frame.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of any allegations of abuse having been reported. A policy dated November 2014 was in place on managing challenging behaviour which also referenced the use of restraint. The person in charge explained that the profile of residents was one of low dependency and that there had been no such instances where this policy had been invoked and no restraint was in use.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**
Safe care and support

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

Findings:
A comprehensive risk management policy was in place dated December 2013 covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm. Inspectors saw individual risk assessments for residents in areas such as smoking and falls. Where these indicated preventative measures should be considered, care plans were noted accordingly. There was a centre-specific safety statement in place which was signed and dated 29 December 2014.

Staff training was up-to-date in relation to fire prevention and precaution with records of training delivery dated 17 February and 13 August 2014. The inspectors noted that a number of residents were also certified in fire training as of 17 February 2014. New staff were familiarised with the fire safety procedures on induction. An inventory of equipment, and its location, was in place and fire equipment had been inspected on 17 February 2014. A daily check of both the fire panel and fire escapes was recorded. Weekly checks of first aid and fire equipment, including the fire alarm test, were documented. Evacuation drills were documented for 13 August 2014. Corridors were kept clear and exits were unobstructed. Evacuation plans were also clearly displayed. Emergency lighting had been tested on 15 August 2014. There was written confirmation by a competent person of compliance with all the requirements of the statutory fire authority. Records were available to verify the annual servicing of assistive equipment such as the stair lift.

An emergency policy was in place dated December 2014 and emergency and evacuation plans were on display. A list of emergency phone numbers was readily accessible by staff with provisions in place to support night staff. Alternative accommodation arrangements were in place in the event of an evacuation of the premises.

The inspectors spoke with housekeeping staff and saw evidence of a regular cleaning routine and practices that protected against cross contamination, including the use of a colour coded cleaning system. An infection control policy was in place dated December 2014 and training had been provided on 27 November 2014. Sluice rooms were appropriately equipped with hazardous substances securely stored. Good infection control practices were observed with staff utilising personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean with on-going maintenance that included the replacement of floor coverings. Accidents and incidents were not a significant feature in this centre and those which did occur, such as falls, were responded to appropriately.

Judgment:
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:
Up-to-date, centre specific policies and procedures were in place in relation to the management of medication. As a voluntary, supported care home with low dependency residents the centre did not have nursing staff on a 24 hours basis and, where residents were not administering their own medication, trained care staff undertook the administration of medication. To support staff in this role a specific dispensing system of pre-packed medications was in use along with a process to reconcile medication. This system was consistent with the profile of residents and supported both choice and independence for residents in relation to the management of their medication. Both the person in charge and staff said training on safe administration practices was provided by the pharmacist on an annual basis. Where residents were self-administering medication, in some instances, capacity and consent had either not been assessed and sourced, or required up-dating. Action in respect of this finding is set against outcome 5 on documentation in relation to records of care plans.

The inspectors saw that references and resources were accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement. Staff were generally knowledgeable about residents’ medication and told the inspector that the pharmacist provided them with advice accordingly, though the pharmacist did not advise the residents themselves, a requirement of legislation and of particular relevance for residents self-administering. Personal medication was stored in a locked press in each resident’s room with a duplicate key held by the person in charge. A resident who was self-medicating informed the inspectors that staff administered some medications though these instances were not always recorded by staff - a practice that could lead to confusion and errors.

Medication was administered by the care staff to a number of residents and the inspectors observed this taking place in the dining room following mealtimes. Staff were observed removing all medications from a secure locker in the nurses’ office to a table in the dining room. The care staff were then observed to administer and record the medications safely and using best practice. However, during this process medications were left unsecured on the table. This was discussed with both staff and the person in charge who acknowledged the risk and immediately ordered a medication trolley for delivery from the local pharmacy.

There was evidence that general practitioners (GPs), the pharmacist and staff reviewed medication on a three monthly basis and also monitored the effect of medication with prescriptions revised accordingly. The inspectors saw that residents could exercise choice in relation to either their GP or pharmacist though services provided locally were opted for in the main. Prescription and administration sheets were clear and contained the necessary biographical information including photographic identification. A sample of prescription sheets reviewed distinguished between PRN (‘pro re nata’ or medication
as required), short-term and regular medication though the required daily maximum dosage for such medications was not recorded. Also, the centre's medication management policy did not provide adequate direction on the procedure for prescribing, administrating and reviewing PRN medication. Action in relation to this finding is recorded against outcome 5 on documentation. Of records reviewed, where nursing staff were transcribing prescriptions, the practice was in line with requirements and included the signature of a GP for each drug prescribed.

The inspectors were informed that practice was to return excess or out of date medications to the pharmacy. However, the medication management policy did not include a procedure for the disposal of medication. Action on this finding is recorded against outcome 5 on documentation. Also, the inspectors identified a substantial quantity and variety of loose tablets in an unsealed plastic container that was stored in an unlocked cupboard in the nurse's office. The person in charge was aware of the storage issue and explained that a secure disposal bin had been ordered but not yet delivered. The inspectors noted that this finding had been identified in the last two medication audits, most recently on 15 December 2014. The inspector highlighted the risks associated with such storage which was inappropriate, even on an interim basis, and the person in charge immediately took action to secure the medicines.

Judgment:
Non Compliant - Major

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A system for recording all incidents at the designated centre was in place and the person in charge was aware of the requirements to notify the Chief Inspector accordingly. Quarterly reports or nil returns were also provided to the authority as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.
**Theme:**
Effective care and support

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

**Findings:**
Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. On the day of inspection there were 15 residents living in the centre and all were assessed as being of low dependency. Inspectors found that the welfare and well-being of the residents was prioritised and suitable and sufficient care was provided. Independence was strongly encouraged by the promotion of mobility and choice in daily routines.

The care plans reviewed by the inspectors contained evidence of pre-assessments undertaken prior to admission. On admission evidence-based assessments were undertaken and reviewed on a three monthly basis or in response to any changes in health status. Resident’s weights were monitored and nutritional input provided, where necessary, by related healthcare professionals such as a dietician or nutritionist as appropriate. Care plans reflected residents’ personal preferences and abilities and collaboration with the individual in developing plans and schedules were recorded.

Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the personal circumstances around individual residents. Residents spoken with felt very well cared for and supported in their choices; they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences. Signed documentation on care plans was available in this regard.

A sample of care plans reviewed indicated that residents were provided with timely access to medical assessment and care. Residents also had the option of retaining the services of their own GP whilst at the centre. Referral to and consultation with allied health services such as chiropody, dentistry and ophthalmic care was facilitated. Documentation and correspondence around discharges and transfers was complete and accessible.

Residents’ social care needs and independence were well supported and they were encouraged to remain independent, make their own choices, remain active, and involved in the local community. A day-care service operated from the centre once per week and residents participated in the activities provided including bingo, cards, live music and dancing and rings. Residents enjoyed a significant level of independence and freedom and used their own personal transport in a number of cases. Where transport for residents was not directly accessible the staff and management facilitated local trips and outings with friends and relatives.

**Judgment:**
Compliant
**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre’s statement of purpose. The building had previously been a residence for a religious order and was converted to a residential home for the elderly in the 1980’s. It was constructed over two floors and was well decorated and maintained. Access between floors was serviced by a stair-lift. Provisions were in place to address health and safety hazards including call-bell systems where necessary. There was a parking area to the front and side of the premises with a lawned area accessible to residents at the front.

The premises comprised 16 single and 2 double rooms to accommodate twenty residents in total. There was a communal sitting room and dining room with a small church where mass was celebrated regularly. Dimensions of all accommodation were in keeping with statutory requirements. Residents’ rooms were comfortable and provided the necessary space and storage for furniture and individual belongings. Appropriate heating, lighting and ventilation were in place throughout the premises. Separate facilities were also available for staff.

Facilities available for catering purposes were very well maintained and equipped.

**Judgment:**
Compliant

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
A site specific complaints policy and procedure was in place dated 29 September 2014
which covered both written and verbal complaints. A summary of the complaints procedure was on display in the centre. Details of the nominated person responsible for dealing with complaints were provided along with a summary of the appeals process. Information about advocacy services and contact details were also provided. Residents and relatives spoken with were aware of how to make a complaint should they so wish though those spoken with reported communication with staff and management was very good such that issues and suggestions were addressed on an on-going basis without the need to escalate matters via the complaints procedures. Where complaints had been received they were recorded and responded to in a prompt and timely manner with outcomes recorded. The policy referenced a process for learning from outcomes and the person in charge confirmed that where issues were identified staff were made aware of any changes in procedure. A record of staff having read and signed off on the complaints policy was in place dated April 2014.

**Judgment:**
Compliant

**Outcome 14: End of Life Care**

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

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

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

**Findings:**
The centre had been the subject of an inspection focused on end of life care in July 2014 and had been found to be in compliance with the statutory requirements at that time. The person in charge understood the regulations in relation to the provision of end of life care and a policy was in place that had been reviewed and updated in October 2014 and a record was maintained of staff having read the policy.

The person in charge confirmed that there had been no death at the centre since it had been registered and that there had been no instances where end of life care had been provided. The policy and procedure in place indicated that where the needs of a resident changed and end of life care provision became necessary, residents requiring such care would be referred for assessment and transferred to an appropriate service provider accordingly.

The policy summarised the protocol in the event of a sudden or unexpected death and outlined a process whereby the relatives of residents were provided with advice and practical information on what to do in the event of a death. A policy on residents’ personal property and a protocol for the return of personal possessions was also in place. The person in charge confirmed that, although there was no dedicated accommodation, if the circumstances required relatives could be facilitated to stay overnight if they so wished. Members of staff spoken with were competent to deliver care and training in this area had been delivered to a number of staff on 23 October
Religious and cultural practices were facilitated and residents had access to ministers from a range of religious denominations should such services be required. A sample of care plans reviewed indicated there was engagement and consultation regarding spirituality and, where expressed, residents’ wishes were recorded for reference.

**Outcome 15: Food and Nutrition**

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

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

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

**Findings:**
St Joseph’s Rest Home provides supportive care for those who have been assessed as not requiring full time nursing care. As such the care provided was appropriate to the assessed needs of a resident profile with low dependency levels. Independent dining was encouraged and on the day of inspection there was no resident requiring assistance at mealtimes.

The centre had been the subject of an inspection focused on food and nutrition in July 2014 where the only action identified in an otherwise compliant outcome was in relation to a review of the menu by a dietician. The person in charge confirmed that this action had been completed and the inspector saw documentation to this effect.

There was a centre specific policy on food and nutrition in place dated November 2014 and a meals and meal-times policy dated December 2014. The person in charge explained that access to allied healthcare professionals, such as a dietician or speech and language therapist, could be arranged via GP referral through community services where required.

Of a sample of care plans reviewed by the inspector all contained records of relevant monitoring with regard to nutrition and weight. All residents were weighed regularly and nutritional assessments were reviewed on a monthly basis. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified, including weekly weights and referral to the appropriate allied service.

Each resident's daily routine and preferences around diet were elicited as part of the ongoing care assessment process. Such preferences were seen to be recorded in care plans and accommodated as part of the daily dining routine. Menus were varied and...
nutritious with residents being offered choice at mealtimes. Members of staff spoken with demonstrated an understanding of the residents and their individual circumstances. Interactions between staff and residents were seen to be attentive and respectful in manner. Kitchen staff had received appropriate training in food standards and hygiene. A communication system was in place that made kitchen staff aware of residents' individual needs and preferences. The dining area was clean and bright with tables well laid for small groups. Facilities were also available for residents to have snacks and refreshments throughout the day.

Judgment:
Compliant

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**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

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

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**Findings:**
In keeping with the profile of care at the centre the inspectors saw evidence that residents adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. A number of residents used their own transport to come and go as they wished. The aim of St Joseph's service, as stated in its statement of purpose, is to "provide a home from home environment where residents are cared for as part of a local community in peace, dignity and security." The inspectors noted that this ethos was actively promoted by both staff and management in the day to day care at the centre. There was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre. The quality of care and experience of the residents was monitored and inspectors noted that satisfaction surveys completed by residents recorded positive returns. Input by residents in relation to the running of the centre was facilitated through meetings that were held on a quarterly basis with minutes available from 14 November 2014 that reflected a significant attendance. The centre was managed in a way that maximised residents' capacity to exercise personal choice and residents spoken with by inspectors reported a significant level of satisfaction with their quality of life and choice at the centre.

Facilities at the centre were adequate for recreation and occupation with a schedule of weekly activities available including input by an activities co-ordinator who also provided an advocacy service for the residents. Access to recreational resources such as TV, radio and newspapers was also in evidence.

**Judgment:**
**Outcome 17: Residents’ clothing and personal property and possessions**

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

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

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

**Findings:**
Arrangements were in place for the regular laundering of linen and clothing and appropriate facilities were available for these purposes. Laundry staff spoken with understood the requirements in relation to segregation of garments and infection control procedures were in place. A formalised system of clothing identification was in place with individual garments labelled to ensure the safe return of items to residents.

A policy was in place in relation to residents’ personal property and possessions. The person in charge confirmed that residents had access to, and retained possession of, personal belongings and finances. The inspector noted that residents’ rooms were personalised with belongings and photographs and adequately furnished with clothing stored in individual wardrobes.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce

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

**Findings:**
The centre had two full-time, qualified nurses in its employ, one of which was always available on-call when no nursing presence was rostered for duty, for example on overnight shifts. Based on a review of the actual and planned rota, and the observation of
staff operational levels, the inspectors were satisfied that the staff numbers and skill-mix were appropriate to meet both the assessed needs of the residents and the effective operational management of the service.

Staff training records demonstrated a proactive commitment to the development of staff knowledge and competencies. The training programme reflected mandatory requirements and was in keeping with the profiled needs of residents. All staff employed had attended fire training. Further education and training completed by staff included areas such as wound care, infection control, manual handling and medication management. Staff spoken with were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance was available at the centre.

Recruitment and vetting policies were in place dated October 2014 with policies on staff training and development in place dated December 2014 though vetting disclosure forms were not in place for one volunteer. Procedures around recruitment were robust with verification of qualifications and references recorded in the sample of records reviewed. Overall staff supervision was appropriate though there was an absence of evidence around assessments of the staff's competency by the person in charge, or the nursing staff, to ensure practice in relation to the administration of medication was safe and consistent with training.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

| Centre name: | St Joseph's Supported Care Home |
| Centre ID:   | OSV-0000555                     |
| Date of inspection: | 07/01/2015           |
| Date of response:    | 30/01/2015                |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management system, particularly in relation to deputising the person in charge, required development to ensure that the service provided remained safe, appropriate, consistent and effectively monitored.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The staff nurse is newly appointed. She commenced here on Dec 29th. She is undergoing a training programme where she will be trained to manage in the absence of the manager. The Registered provider will also be available in the absence of the manager. The nurse will be trained on completing the off duty and weekly wages. The staff nurse attends weekly meetings with the registered provider and the manager where all updates are discussed and action plans as required. The staff nurse and manager work closely together and she is informed of any changes regards to staff, residents or the home itself and is involved in the decision making. The nurse is updated on HIQA regulations and when notifications are due for report. The nurse has been updated on all financial aspects within the home.

Proposed Timescale: 31/03/2015

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act had not been completed.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
Monthly audits are currently being completed on all aspects of the home and residents care to ensure quality and safety is being delivered. This will be summarised in annual review.

Proposed Timescale: 31/03/2015

Outcome 05: Documentation to be kept at a designated centre

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medication management policies required review to include (a) adequate directions on the procedure for prescribing, administrating and reviewing
PRN medication.
(b) a policy on the handling and disposal of unused or out-of-date medicines.

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

**Please state the actions you have taken or are planning to take:**
The medication management system is currently being reviewed. Discussions have taken place with various service providers. A decision will be reached this week and a complete over haul of the medication system will be introduced. A new drug trolley has been delivered and waste disposal for unused medication has been delivered and in use. The policy is in the process of been reviewed and a training and assessment programme for care staff and self medicators is being devised in collaboration with the new service provider.

**Proposed Timescale:** 31/03/2015

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records on care plans were incomplete around the assessed capacity and consent of residents in relation to self-medication, in keeping with requirements of paragraph 4(b) of schedule 3.

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

**Please state the actions you have taken or are planning to take:**
A new and revised medication management system will be introduced. All self medicators will be assessed and reviewed on a 6monthly basis or if their condition changes. Self medicators will be trained by both the pharmacist and the nursing staff in the home. Assessments will be completed to ensure their competency to administer independently. This will be audited regularly to ensure compliance and safety.

**Proposed Timescale:** 31/03/2015

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff training records in relation to the administration of medicines for care staff were not consistently recorded.
**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Currently all staff receive annual training from the pharmacy. Assessments will follow this training and competencies will be completed and stored in the staff files. This will be carried out annually and on induction of any new members of staff by both the pharmacy and the staff nurse.

**Proposed Timescale:** 31/03/2015

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**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:**
Recording systems in place to safeguard residents from financial abuse required further development.

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

**Please state the actions you have taken or are planning to take:**
All residents are informed not to have on their presence large sums of money. This information is included in the contract of care on admission and that the home is not responsible for this. In such instance the resident will be advised and supported to open a post office account locally and all measures will be put in place to ensure that there are not large sums of money in the home.

**Proposed Timescale:** 31/03/2015

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**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff had been trained in the detection and prevention of, and responses to, abuse.

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

**Please state the actions you have taken or are planning to take:**
Mandatory training was made available to all staff last year. Two members of staff were unable to attend due to personal reasons. These members of staff have been advised they need to complete this by 31st of May this year and certificate of completion left with the manager.

**Proposed Timescale:** 30/06/2015

### 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:**
Medicinal products were not always stored securely during the medications administration rounds.

**Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
A medication trolley has been provided to the home and is presently used when administering medication.

**Proposed Timescale:** 31/03/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Accurate records were not always maintained in respect of medications being administered to residents who were also administering medications to themselves.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
A new medication system is to be introduced. Disposal bins were ordered and delivered and are now in use. These disposal bins were ordered last year but had not been delivered prior to inspection.

Staff have been advised that self medicating residents are to be responsible for own administration of medication. Self medicators will be trained by the pharmacy along with the staff. Spot check audits will be performed monthly on two residents a month to
ensure safe practise. Any concerns to be raised with the PIC or staff nurse. All self
medicators are being reassessed and where any medication is given by care staff a
record of the administration is to be maintained. We are currently reviewing our
complete medication administration system and a new policy is being drafted. However
some training has been carried out to ensure safe practise until new policy up and
running.

**Proposed Timescale:** 31/03/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Accurate records were not always maintained in relation to the daily maximum dosages
of PRN ("pro re nata") medications.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are
administered in accordance with the directions of the prescriber of the resident
concerned and in accordance with any advice provided by that resident’s pharmacist
regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
All prn medications will be clearly prescribed with maximum dosage in 24 hours.
Minimum intervals between doses and the precise strength highlighted on medication
administration record. Then reason for use, and strength will also be highlighted.
Care staff will also be educated on the importance of documentation regarding PRN
medication.

**Proposed Timescale:** 31/03/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Out of date, disused and/or dispensed medication no longer required by the resident
was not stored in a secure manner, or disposed of in accordance with appropriate
guidelines and legislation.

**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:
Disposal bins for out of date medication/unused medication were ordered last year however were not delivered prior to inspection. The disposal bins have now been delivered and are currently in use and kept in a locked press at all times.

Proposed Timescale: 31/03/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Systems in place did not fully ensure that the necessary advice or information from a pharmacist was available to residents as required under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Action Required:
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
The new service provider will ensure that necessary information and advise will be made available from the pharmacist to residents. The pharmacist will provide training to both the staff and self medicators. She will be available as required for consultation with any resident.

Proposed Timescale: 31/03/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of evidence around assessments of the staff’s competency by the person in charge, or the nursing staff, to ensure practice in relation to the administration of medication was safe and consistent with training.

Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
In addition to the annual training, there will be a new medication training programme for all staff. This will be carried out by both the pharmacist and staff nurse. Staff will be then assessed to ensure they are competent to carry out safe medication administration, The areas covered will include.
1. medication management,
2. principles of medication management
3. reading of prescriptions
4. correct storage of medication
5. understanding the usage of PRN medication
6. managing medication errors
7. disposal of drugs
8. dealing with medication refusal

There will be annual training by the pharmacist and staff nurse to the staff and residents who self medicate. Audits are currently being carried out quarterly by the pharmacist and this will continue. Monthly spot checks audits will be carried out on the self medicators to ensure compliance. Care staff will be assessed on their competencies annually or more often if any concerns.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Garda vetting was not available for volunteers.

**Action Required:**
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
A newly appointed volunteer has now completed the garda vetting form and we are awaiting its return.

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