

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Community Hospital
Centre ID:	OSV-0000625
Centre address:	Stranorlar, Donegal.
Telephone number:	074 9189700
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	Damien Woods;
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	14

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
25 February 2015 09:30	25 February 2015 19:30
26 February 2015 08:30	26 February 2015 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was announced and took place over two days. It was undertaken to inform a registration renewal decision and was the ninth inspection of the centre by the Authority. During the inspection, the inspector met with residents, staff members and visitors and also reviewed the feedback questionnaires returned to the Authority. Questionnaires to the Authority indicated a high level of satisfaction with the service particularly the respect that staff show to residents, the emphasis on maintaining residents' independence and capacity and the regular respite care provided.

The delivery of care and the day to day operation of the service was observed and documentation that included care plans, medical records, policies and procedures,

medication records and risk management documentation including fire safety and accident and incident records was reviewed.

Care, nursing staff and ancillary staff were well informed and could describe the needs, wishes and preferences of individual residents. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged in social activity. There was a social care programme organised each day for all units. In the dementia care unit, Woodville the inspector found that staff engaged residents in varied activities according to their abilities to ensure that the engagement and outcomes were of maximum benefit to residents. For example, where residents could not participate in a group activity nursing and care staff undertook one to one support.

The inspector reviewed the feedback questionnaires returned to the Authority. In all eleven residents and twenty relatives completed questionnaires. Residents and relatives conveyed positive views about the facilities, the engagement and attitudes of staff and their commitment to ensuring residents had a good quality of life. Relatives confirmed that they received comprehensive information prior to admissions being arranged including details of the services and charges that applied. The inspector saw information in care records and documentation that confirmed that medical, care and personal needs were established at the time of admission either from acute hospitals or from home. Relatives and residents indicated that they knew how to make a complaint and described staff as readily available to talk to if they had matters to discuss on a day to day basis.

The centre was originally established as a district hospital and has been modified over the years to provide a range of facilities for people who need nursing care and services are predominantly targeted towards the care of older people. It comprises of three units. Woodville accommodates up to 16 residents who have dementia care needs. Barnesview accommodates 27 residents who have a range of care needs and dependency levels. Finn View provides care to 24 residents who need rehabilitation, convalescence or respite care and residents are usually admitted to this unit on a short term basis while their programme of care is implemented or assessment for long term care is undertaken. Woodville has some places for long term care but the majority of residents are admitted for respite care or assessment. In Barnesview, all residents are admitted for continuing care. Over the years varied improvements have been made to the service including improvements to the fire safety and security arrangements and a reduction in the number of residents accommodated in each of the communal bedrooms but there remains an ongoing premises non compliance in relation to these communal bedrooms. The majority of residents are accommodated in rooms that accommodate 3 people or more and there are in total eighteen communal bedrooms in use. While these rooms were large and provided a good allocation of personal space, the layouts do not meet the Authority's published standards that state that from 2015 there should be no more than two residents per room except in high dependency areas. There was also a deficit in the number of showers/ baths available for the number of residents in each unit. The inspector has been informed that there is a reconfiguration of services under way in the county and that plans for new facilities that would meet the appropriate standards have been commissioned. An action plan in this report requires that the Authority is

advised of how the required standards for the premises will be met.

Other areas that required review were the assessment and use of bed rails and improved detail in moving and handling assessments so that the type of equipment required was evident to guide staff. Previous action plans from the themed inspection conducted on 20 May 2014 were noted to have been comprehensively addressed. The action plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had submitted a revised statement of purpose as part of the application to register. This was found to contain all the required information described in schedule 2.

The centre is registered to provide care for 78 dependent persons at present but the occupancy level has been maintained at 68 for some time to ensure that staff numbers and skill mix match the needs of residents and to enable residents to have the maximum space available in communal bedrooms and other areas.

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:

There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge is supported by an assistant director of nursing and

clinical nurse managers who are in charge of individual units. She reports to the service manager for older people who in turn is accountable to the provider.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed as required. There were quarterly and monthly reviews of varied aspects of the service. Areas that were reviewed included restraint use, medication and hygiene standards. The system included consultation with residents and their families as required. This is undertaken by the activity coordinator who meets with a small number of residents every few weeks. The results of audit activity are made public and displayed on notice boards throughout the centre.

There is a plan being developed to address the premises deficits which include the use of communal bedrooms that accommodate more than two residents.

Judgment:

Compliant

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:

The required information was provided to residents prior to or at the time of admission. A comprehensive resident's guide detailing a summary of the services provided was available.

There were contracts for care available in residents' records. The fees charged were outlined and the contribution to be paid by the resident or their representatives was clearly evident.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge has been in this role since 2013. She is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service and works full time in the centre.

She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development through attendance at courses and conferences in areas such as nutrition, end of life care and dementia care. Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Staff confirmed that there was a good team spirit and support structure throughout the service. All staff knew the person in charge and said they felt able to discuss ideas or concerns with her or other senior staff.

She was aware of the challenge presented by the premises issues and the non compliance created by the communal bedroom layouts. She was involved in all discussions regarding the service and said that there was a commitment to ensuring the matter was addressed.

The person in charge has been diligent in ensuring that care practice standards reflect up to date practice and inspectors have found that there has been sustained improvements in areas of practice such as wound care recovery, the management of admissions and discharges and staff deployment.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

An action plan in the last report described nutritional record as not adequately reflecting the diet provided in sufficient detail to enable any person inspecting the record to determine if the diet was satisfactory. This action had been addressed. The inspectors reviewed the nutrition records for residents who had swallowing problems and a resident who had a percutaneous endoscopic gastroscopy nutrition system in place and found the records for three days reflected the food provided.

The centre had a well established and generally well organised administration system. The inspectors reviewed a range of documents, including residents' care records, staff records, the directory of residents, financial records, duty rotas and training records. The inspectors found that overall records were maintained in a manner so as to ensure completeness and accuracy. The inspectors reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided guidance to staff. All the required policies were available and staff knew where to access policies and procedures when they needed to refer to them.

However, some improvements were required. For example: the documents to be held in respect of staff employed were available but in the sample of files examined the information was difficult to find and needed reorganisation to ensure ease of retrieval of the required information.

Judgment:

Non Compliant - Minor

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced assistant director of nursing and clinical nurse managers who worked full-time deputised in the absence of the person in charge.

The inspectors found that staff who took charge had engaged in continuous professional development and were familiar with the legal responsibilities of the person in charge including the submission of required notifications to the Chief Inspector. Clinical nurse

managers were familiar with the care needs of residents throughout the centre and with admissions and emergency procedures.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. The Health Service Executive (HSE) policies and procedures for the prevention, detection and response to allegations of abuse were in place. Staff had received training in adult protection and refresher training was scheduled regularly. Staff interviewed were also familiar with the HSE policies such as Trust in Care and Children First. Staff knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation. Relatives told the inspector that staff were very diligent about reporting all incidents to them including incidents such as unexplained bruising or minor injuries such as skin tears. Two relatives said "staff tell us everything, they telephone when something happens and discuss it fully with us when we visit", another said "staff here are very responsible and keep us up to date with every event and change".

There was a visitors' record located at the entrance to each unit. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to and those who had completed questionnaires reported that they felt safe in the centre. They said that "there was staff around and that they had the call bell system if they needed to summon help quickly" .

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and received high quality care. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment but the inspector found that the format for the assessments needed review. In the sample of restraint assessments reviewed the inspector found that the information available did not fully describe the need for equipment such as bed rails and many were put in place at the request of residents or relatives. There was a lack of information on why the

measure was needed which according to staff was usually to protect residents from falling out of bed. The use of bed rails was reassessed regularly however at the time of this inspection a high number were in use and it was not clear that they served a clearly defined purpose as a safety measure. There was evidence that discussion had taken place with the resident, his/her representatives and that these measures had been requested however the information did not indicate that the hazards associated with such equipment had been fully explained or that the restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe. The contribution of allied health professionals and the alternatives such as low low beds that had been trialled prior to the restraint measure being put in place was not evident in many assessments however the inspector did note that several residents had low beds and sensor mats as part the falls prevention programme in place.

There were residents in the dementia specialist unit, Woodville, who required high staff input due to fluctuating behaviour patterns or physical frailty. The inspector saw that one to one care was provided where required and that interventions were in place to ensure residents were cared for in a way that protected and supported them in a dignified way. The inspector saw that staff had varied techniques to distract residents including engaging them in tasks, in conversation and prompting interest in their surroundings.

Judgment:

Non Compliant - Moderate

***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:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There were a range of health and safety protocols in place and risk management procedures that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and the risk register maintained outlined general and clinical risk areas.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available in all units.

Accidents and incidents were recorded and were reviewed to determine what prevention measures could be put in place to prevent a recurrence. The analysis undertaken described the number and nature of events and the time they took place. A falls prevention strategy had been adopted and was in place in all units. There was a colour coded "leaf" over residents beds to identify the varied levels of falls risk that had been identified. Falls prevention measures such as low low beds, sensor mats and alarms were in use to prevent falls and injury. Residents were issued with an information leaflet on how to prevent falls and the measures that staff were taking to ensure their safety.

Measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and external areas had been extensively resurfaced and were flat and well maintained. There were grab rails in hallways and in bathrooms and toilets. Manual handling assessments were available, were up to date and reflected resident's dependency however some did not describe the type of hoist to be used for manoeuvres. All staff had been trained in moving and handling of residents and the person in charge was aware of the time frames for moving and handling training and refresher courses.

Equipment was observed to be stored safely and securely in most areas with the exception of the food trolleys used to serve meals that were located in hallways throughout the service. This presented a hazard to staff walking in and out and to residents and visitors who had to negotiate their way past.

All staff were trained in what to do in the event of a fire. The maintenance man has a lead role for fire safety checks including checking that the fire exits are unobstructed. Staff described their training to the inspector. There are monthly fire drills and each unit participates. Each day a member of staff from each unit is allocated to respond to the fire alarm if this is activated. Staff were familiar with how to extinguish residents' clothing if it caught fire and there were large size fire blankets available in each unit to assist with extinguishing fire. The local fire brigade was familiar with the centre and its layout. The fire alarm was serviced on a quarterly basis, a list of fire fighting equipment was available and was serviced on an annual basis as required. There were adequate means of escape and fire exits were noted to be unobstructed. Fire exits had been upgraded and there were handrails on both sides of exterior exits to assist and support staff and residents should the building need to be evacuated. There was a daily check to ensure that they were free at all times. Fire exit routes were clearly marked and the fire procedure was displayed.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and the dementia unit was secure. The inspector was told that missing person drills were organised every six months to ensure staff knew what actions to take in such a situation. As the building is large there was a grid for each area to ensure that searches could be undertaken in a systematic and organised way.

Judgment:

Non Compliant - Moderate

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:

The medication management arrangements were inspected in two units –Woodville and Barnesview and the standards in place were found to be compliant. Medication administration records were clear and were in typed format. Medication is supplied in the original containers and each resident's medication is individually stored and can be readily located.

Staff were well informed about the medication in use and residents' medication regimes. The inspector found that residents' medication was reviewed as required by GPs, mental health specialists, pharmacists and nursing staff. There was an emphasis on reducing sedative type medications and medication no longer required by residents prescribed on an "as required" basis was discontinued. An example of this was reviewed in the Barnesview unit where the dose of a sedative had been reduced by 50% with a good outcome for the resident. Residents had a choice of pharmacist and where residents were admitted for respite care medication was supplied by their local pharmacist.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There were no actions required from the previous inspection. The nurses placed emphasis on observing residents responses to medication and recorded these observations in the daily records. In the dementia care unit residents were observed closely when taking medication and if problems arose with swallowing medication liquid preparations were used where available.

The inspector observed a nurse administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Staff had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. Nurses wore red tabards when administering medication to alert other staff and residents and reduce the likelihood of disruption.

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge told inspectors that there were ongoing audits of medication management included in the general audit programme. The prescription sheet included all the appropriate information such as the

resident's name and address, any allergies, and clear photographs of residents. A General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) to be given over a 24 hour period was outlined.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
Notifications supplied to the Authority described the events that had taken place and the actions taken by staff at the time of the event. The required notifications have been supplied.

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

Findings:
There were 64 residents accommodated in the centre during the inspection. There were significant levels of dependency and complex care needs being addressed by staff. There were 45 residents assessed as having maximum care needs and 19 in the medium care category. Some residents required high levels of nursing care and one to one support to maintain their safety. This was particularly evident in the Woodville unit where residents who presented significant vulnerability to falls or who had complex

health conditions as well as cognitive impairment. Residents in other units also presented with complex care needs and the majority had more than one medical condition in receipt of active treatment.

The arrangements to meet residents' assessed needs were set out in individual care plans that are maintained on a computer programme. The inspector found a good standard of health and social care was in place. Personal and health care needs were described clearly and interventions were responsive and timely. There was appropriate access to medical and allied health care professionals including an optician and dentist. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. There was a record of the resident's health condition and treatment given completed at a minimum daily.

The inspector reviewed four resident's care plans in detail and certain aspects of other care plans where residents had nutritional issues, wound problems or behaviour that required additional support or supervision. The inspector found that care plans were updated at the required intervals and when there was a change in a resident's health condition or circumstances. There was an action in the last report in relation to the maintenance of care plans. The evaluations of residents care had described the monitoring systems in place but did not provide a summary of progress and did not fully reflect changing needs and conditions. This had been addressed and more comprehensive details were now recorded in the evaluations of care which were noted to indicate progress and change over time.

The clinical risk assessments completed for wound vulnerability, dementia and nutrition were up to date and were linked to care plans that described the interventions required to maintain residents' well being. For example the six wound care problems in receipt of attention had specific care plans in place and were regularly assessed both at each dressing change and when personal care was delivered. The inspector found that good practice standards were adhered to and there were wound measurement charts in use, pain assessment recorded and progress and changes in the wound site were clearly evident in the record. A number of wounds were present on admission and these were identified as clinical incidents to alert staff in acute hospitals and in the community as a prevention measure.

There was good access to allied health professionals and their assessments were recorded with associated instructions that staff were observed to follow. For example weight records and nutritional assessments that underpinned the use of food supplements or dietary restrictions were updated regularly and progress was clearly recorded. There was a good assessment of nutrition needs where a resident had cognitive impairment and an associated illness that caused swallowing problems. The interventions put in place had resulted in a good outcome for the resident who was now in better health and all assessments, care plans and reviews reflected the treatment and nursing care in place. There was documentary evidence that residents or their representatives were involved in the development and review of the resident's care plan when these were reviewed or updated. Relatives confirmed that staff consulted with them and said that their contributions were included in residents daily care routines and

considered when plans for future care were discussed.

In Woodville, staff demonstrated good knowledge of residents care needs and backgrounds which they used effectively when talking to them and when engaged in orientation or reminiscence activity. Relatives who were visiting the Woodville unit told the inspector that staff were encouraging them to be more involved and were very appreciative of suggestions and information that they provided. Care practice reflected residents interests for example where a resident liked classical music staff made sure that this music was available and played for him regularly. On one of the inspection days a harpist was playing to a small group of residents who were relaxed and attentive throughout the session.

The fixtures and fittings in some areas were gradually being renewed and more home like furnishings were being introduced. The inspector noted good improvements with this initiative. Sitting areas were comfortable and had fire places, dressers and cupboards that added interest. There was also efforts made to create a multi-sensory environment by using scented candles and encouraging walks in the garden which had several interesting walkways and ornamental features. Residents could find varied activities to do such as sorting socks and napkins and listening to local radio when formal activities were not under way. Care plans reflected residents cognitive status and this was based on a formal assessment tool however the inspector found that some improvements could be made to the information available to staff. This included information on what ability residents retained such as capacity to get dressed, recognise staff and family members and ability to participate in a group activity. Residents had good input from the specialist mental health team for old age psychiatry including support from community mental health nurses.

The centre had a total of 561 admissions during 2014. The majority of these were to the Finn View unit where respite, rehabilitation and convalescent care is provided. The inspector saw that there were good protocols in place for the exchange of information at the time of admission and discharge. The clinical nurse managers said that this had been developed to ensure safe transitions between the centre and home, other designated centres and hospitals in accordance with regulation 25-Temporary Absence or discharge of residents.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. An activity co-ordinator worked three days per week and there was also support from a community employment worker to ensure that social activity took place on all units. Residents said they enjoyed discussing the news, reading the papers and chatting in addition to regular organised activities.

Judgment:

Non Compliant - Minor

Outcome 12: Safe and Suitable Premises

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

Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The premises were visibly clean, tidy and well organised when viewed. In all units efforts had been made to improve the personal space available to residents by reducing the number of people accommodated. This had resulted in better allocations of space around beds in the communal bedroom areas and easier access for equipment such as specialist chairs and hoists. The centre was originally built to function as a hospital and is a two-storey split-level building with the residential units located on the first floor. The majority of long term residents reside in the Barnesview unit. There are four long term places in the Woodville-dementia care unit with the remaining places are allocated to residents who require assessment or respite care. Finn View unit provides on a short term basis to residents who have respite, rehabilitation or convalescent care needs.

Significant efforts have also been made over the last three years to improve the standard of decoration and atmosphere in all three units with the Barnesview unit upgraded extensively during that time. This was noted to have been refurbished in a home like style and had dining and sitting areas that were appropriately furnished and comfortable to meet the needs of residents.

The Woodville unit which provides care for residents with dementia had furnishings, fittings and décor that contributed to creating a home like environment. The unit and the nearby garden had many dementia specific features that promoted independence and prompted memory as residents moved from one area to another. Toilets had contrast coloured toilet seats and handrails and floor and garden surfaces were flat and unobstructed. A sitting room was noted to have several features and focal points that residents would be familiar with such as a dresser, clock and fire place. The accessible multi-sensory garden between Barnes View and Woodville had varied features such as murals and sculptures to promote conversation and prompt memory. This garden had covered walkways and seating to enable residents to use the area throughout the year.

The inspector noted that residents' personal spaces had photographs, personal items and flowers on display. The majority of bedroom areas continue to be multiple occupancy in layout and accommodate three or four residents. In all there are 18 bedrooms that accommodate 3 or more residents. This has been described as an area of non compliance in previous inspection reports. There is screening in place that provides some privacy and the HSE design and estates team are compiling a plan to meet the long term care needs of residents in the area according to information supplied to the Authority's inspectors in December 2014.

There was appropriate assistive equipment available such as profiling beds, hoists,

pressure relieving mattresses and cushions, wheelchairs and walking frames. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date. The centre had a call bell system to assist residents to call for help when they need it and the inspector observed that call bells were answered promptly. There is a maintenance team that deals with general maintenance matters and there are maintenance staff accessible daily.

However, the following matters were noted to need attention for the comfort and safety of residents and staff: There was a deficit in the provision of shower and bathroom facilities. In the Woodville unit there were two showers available for 16 residents and one shower area had ventilation problems despite window vent which was functional. In Finn View there was just one shower available. The clinical room in Woodville was prone to fluctuations in temperature and at times the temperature (which had been identified as an issue and was being monitored) was excessively hot to work comfortably. On the day of inspection the reading was 25.5. The sluice area in Woodville required attention as it had a multi-purpose function and contained a washing machine and dryer which compromised infection control measures. Showers and toilets here required attention as some had exposed pipe work and the toilets had doors that did not fully enclose as they were open at the top and bottom which compromised privacy.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were no complaints currently being investigated. The inspector found the arrangements in place for the management of complaints met the requirements of regulation 34-Complaints procedures. There was a procedure in place and on display and residents told the inspector they would tell the staff who cared for them or the person in charge about any complaints. The procedure was centre specific and identified the person in charge as the person to whom complaints should be made. Relatives confirmed that they had been told about the complaints procedure and were confident that they could raise issues and that they would be addressed.

A record of complaints was maintained. The inspector reviewed a complaint made in December 2014 which was the only complaint received for the year. There was a complete record of the issue which related to the admission procedures, the actions taken to investigate the event and the improvements put in place to prevent a

recurrence. This included education for staff and ward managers on the correct procedures to follow. The appeals process was outlined for the complainant if not satisfied with the actions taken.

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):

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

Findings:

This outcome was fully reviewed during the last inspection conducted on 20 May 2014 which was a thematic inspection that focused on end of life care and food and nutrition. There were two action plans outlined in relation to this outcome. The facilities currently available do not always enable staff to provide a single room for end of life care or to provide overnight facilities for relatives. Care plans did not always describe end of life wishes and the procedure for end of life care required revision to appropriately guide staff.

The inspectors found that staff had approached residents and relatives about their wishes for end of life care and had recorded these where it had been possible to elicit their views. The sample of care plans reviewed described particular end of life wishes such as returning to their home before burial. Staff said that this was a work in progress and that they approached residents about this at different times to achieve the information required to carry out residents' wishes.

While a room for relatives may not always be available there were arrangements made to ensure relatives could remain with their loved ones who were receiving end of life care. There was a designated visitors room, recliner chairs and kitchen facilities to enable people to prepare snacks and beverages when they wished.

Staff were able to describe the indicators for referral to the palliative care team. They were also aware of residents who had requested not to have active interventions if they became ill and where residents had instructions regarding resuscitation at the time of admission this was reviewed to ensure that the information was up to date.

Residents, relatives and staff had opportunity to remember deceased residents in the annual remembrance service held after Easter. A card extending sympathy is sent to family members after a resident's death. The picture chosen for this card was selected by residents.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

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

Findings:

This outcome was also reviewed as part of the thematic inspection. There was one area identified for attention during the inspection. The records of nutrition did not in some cases provide a complete overview of residents' nutritional intake and the procedures on nutrition management required review to appropriately guide staff on how to complete the associated records. These improvements had been addressed. The inspectors found that the nursing and care staff monitored the nutritional status of residents. Residents' dietary needs were assessed and where required fluid and food records were noted to be fully complete and gave anyone reading the record a complete picture of the diet consumed.

There was a menu choice each day and residents had a varied and interesting diet. The inspectors saw that food was available outside of mealtimes if residents wished to eat at other times. Staff were observed to assist residents at mealtimes in a way that protected their dignity and privacy. Plenty of time was allowed to enable residents to eat in comfort at their own pace. Residents were able to have meals in the dining rooms or in bedrooms if that was their choice. Meals were noted to be attractively presented and looked appetising. Residents who needed encouragement or assistance to eat were well supported by carers who attended to them at meal times. Residents said that they enjoyed their meals and that the food was "lovely and tasty" and also confirmed that they were offered drinks regularly throughout the day. Water and juice was noted to be accessible in sitting and dining areas and by bedsides.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were arrangements in place for consultation with residents on the operation of the service. This was achieved through consultation with small groups of residents and there was a schedule of questions outlined to maximize information to be gained from the interaction. Residents were asked about the responses of staff, cleanliness, activity provided, food and newspapers. Residents said they were happy with outings to the local area, music sessions and yoga. There was a well established network with residents' families and they were regularly asked to provide feedback on the service. The inspector was told by one relative that they appreciated the way the staff engaged with them and asked for their opinions.

The inspector found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff were respectful towards residents, engaged with them and acknowledged them when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be lively, pleasant and respectful and both residents and staff said that they enjoyed the exchanges about news and events in the area.

Residents who had dementia were noted to be appropriately supported to make choices and staff could describe to the inspector how they helped residents participate in day to day life to their maximum ability. They described giving residents simple choices, time to respond to questions and providing encouragement to participate in familiar activity and in reminiscence sessions.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and several residents said they listened to the local radio station every day.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can
appropriately use and store their own clothes. There are arrangements in***

place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place to safeguard residents' property and money. The administrator could describe how finances were managed in accordance with HSE protocols and had a clear system in place to account for any money held on behalf of residents. There was a record of property and valuable items held for safe keeping. The inspector reviewed these procedures and found from the sample of records examined that the records were up to date and reflected the personal property and money held on behalf of residents.

Residents' personal spaces were personalised with photographs, pictures and other personal possessions however capacity to have personal items was severely limited due to the communal layout of rooms.

Residents' clothing and general laundry was washed and cleaned by an external provider. There was a system in place to reduce the loss of clothing and residents said that clothing was well cared for and returned to them in good condition.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed staffing levels on each unit and discussed the staff allocation

with the person in charge and the staff team. Staff are allocated to specific units to ensure continuity of care. There were 2 agency nurses working long term in the centre to cover shortfalls in permanent staff numbers. At the time of the inspection there were also two clinical nurse managers' posts vacant but arrangements were in place to recruit replacements. The skill mix allocation was being maintained at 35% nursing and 65% care staff. The inspector was satisfied that the staff allocations were appropriate to meet the needs of residents. The inspector found that where residents' needs fluctuated that extra staff were on duty to ensure they could have additional care and one to one care if needed. A relative told the inspector that extra staff had been provided on a temporary basis when her husband's health had deteriorated and extra interventions were required.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit existed among staff. Nurses, carers and ancillary staff worked well together the inspector was told.

The inspector was provided with details of the training that had been provided over the last three years. In addition to the mandatory topics of elder abuse, moving and handling and fire safety training had been provided on other topics that included: infection control, food safety and hand hygiene, end of life care, children first, care planning, wound management, open disclosure and nutrition.

There was a list of staff and the training completed available to enable the person in charge to determine what training each member of staff had completed and when refresher training was required. While all staff had up to date training in the mandatory topics- fire safety, adult protection and moving and handling the inspector noted that the latter topic had been comprehensively covered in 2012 and that most staff required updated training this year. Evidence of professional registration for nurses was available and current.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Joseph's Community Hospital
Centre ID:	OSV-0000625
Date of inspection:	25/02/2015
Date of response:	16/06/2015

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The documents to be held in respect of staff employed were available but in the sample of files examined the information was difficult to find and needed reorganisation to ensure ease of retrieval and accessibility of the required information.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

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

(1) in such manner as to be safe and accessible.

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

The documents held in respect of staff employed are currently being reorganised to ensure ease of retrieval and accessibility of the information required.

Proposed Timescale: 31/10/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The assessment procedures for the use of bedrails required review as the current system did not provide information on why the restraint was required or what alternatives had been put in place prior to the selection of this restrictive measure.

Action Required:

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

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

The assessment procedure for the use of bed rails has been reviewed and provides additional information on why the restraint is required including documentation of alternative measures.

Proposed Timescale: 16/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The hazard associated with hot food trolleys in corridors during the service of meals had not been identified as a risk.

Action Required:

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

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

The risk register has been updated to include the hazard associated with hot trolleys in corridors during mealtimes and has also been addressed at ward level.

Proposed Timescale: 16/06/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care assessments and care plans for residents with cognitive impairment or dementia did not fully describe their care needs and residual ability to enable staff to provide care in an informed way and in a manner that supported residents to maintain their independence.

Action Required:

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

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

Care assessments and care plans for residents with cognitive impairment have been reviewed and will now include a description of their care needs and their abilities to enable staff to provide care in a manner which supports residents to maintain their independence.

Proposed Timescale: 16/06/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The centre's design and layout does not provide appropriate space standards to maintain adequate standards privacy and dignity. There are 18 bedrooms that accomodate 3 or more residents.

Action Required:

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

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

The HSE have given a commitment to address the residential care needs in the area. Details of cost and time scale will be provided.

The management and staff of St. Josephs are aware of the constraints and will continue to enhance and improve the privacy and dignity of residents within the existing structure.

Proposed Timescale: 31/10/2015

Theme:

Effective care and support

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

There was a deficit in the provision of shower and bathroom facilities. In the Woodville unit there were two showers available for 16 residents and one shower area had ventilation problems despite window vent which was functional. In Finn View there was just one shower available.

The clinical room in Woodville was prone to fluctuations in temperature and at times the temperature (which had been identified as an issue and was being monitored) was excessively hot to work comfortably. On the day of inspection the reading was 25.5.

The sluice area in Woodville required attention as it had a multi-purpose function and contained laundry equipment which compromised infection control measures due to the management of clean and soiled material in the same area.

Showers and toilets here required attention as some had exposed pipe work and the toilets had doors that did not fully enclose as they were open at the top and bottom which compromised privacy.

Action Required:

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

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

1. Additional showers will be provided in all ward areas .
2. The clinical Room in Woodville will be relocated to ensure appropriate temperature .
3. The sluice area in Woodville will be refurbished and laundry equipment relocated to a more suitable area within the ward.
4. Showers and toilets will be attended to ensure that exposed pipe work is addressed. All measures will be taken to enhance the privacy and dignity of residents to ensure that privacy is not compromised .

Proposed Timescale: 31/12/2015

Outcome 17: Residents' clothing and personal property and possessions**Theme:**

Person-centred care and support

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

The capacity to store and maintain a reasonable amount of personal items was restricted by the communal layout of bedrooms.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident

to store and maintain his or her clothes and other personal possessions.

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

A review of the bedrooms will be undertaken by the HSE Estates Department to provide adequate space for each resident to store and maintain clothes and other personal possessions

Proposed Timescale: 31/12/2015