<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Joseph's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000288</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Killowen, Kenmare, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 6641 100</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@kenmarestjosephs.com">info@kenmarestjosephs.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Rathsheen Investments Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Emer Kidney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Liam Strahan; Vincent Kearns</td>
</tr>
<tr>
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<td>Number of residents on the date of inspection:</td>
<td>49</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 October 2015 07:00  
To: 30 October 2015 17:45

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

<table>
<thead>
<tr>
<th>Outcome</th>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
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<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Major</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>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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**Summary of findings from this inspection**

This inspection by the Health Information and Quality Authority (HIQA or the Authority) of St Joseph's Nursing Home was an unannounced inspection. St Joseph’s Nursing Home was a purpose-built, single-storey facility situated on the outskirts of Kenmare town. It was first registered in September 2010. An extension of the premises provided an additional 18 bedrooms and the centre facilitated care for up to 50 older residents with a range of care needs. There were 49 residents accommodated on the day of inspection. There were appropriate staff numbers and skill mix to meet the assessed needs of the residents, taking in to consideration the size and layout of the centre.

Communal areas included four sitting rooms, two interconnected dining rooms and a spacious reception area. There was a dedicated activities room, a treatment room, a visitor’s room/meeting room and a room for ‘Sonas’ activities. The oratory and one sitting room could be connected when the sliding partition doors were moved. This facilitated a large group of residents to attend religious services. There were a number of recessed furnished sitting areas located along the public corridors. Residents had access to three internal courtyard areas. The bedrooms in the centre...
consisted of:
- 23 single rooms
- seven two-bedded rooms
- three three-bedded rooms
- one four-bedded room.
The majority of the bedrooms had en suite toilet and shower facilities. There was a separate bathroom in the centre. However, this was small and was not suitable equipped with assistive grab rails. Residents in the four-bedded room shared one bathroom which was located adjacent to the bedroom.

The person in charge was also the provider for the centre. She informed inspectors of plans to build on additional bedrooms, as there were some bedrooms in the older part of the centre which did not afford sufficient privacy, dignity and storage space to residents. This issue was addressed under Outcome 12: Safe and suitable premises. The décor and furnishings in the new part of the centre were of a high standard. There was sufficient car parking areas near the main entrance to the building. The grounds, internal and external, were well maintained and free from obvious significant hazards.

The action plan at the end of this report identifies where improvements were required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Prior to the inspection the Authority had been made aware of practices in the centre related to some residents' care needs, which may have violated the personal bodily integrity of those residents. This practice was undertaken without the consent of residents, a number of whom had a diagnosis of dementia. During the inspection, inspectors found evidence in documentation reviewed and during staff interviews that these practices were taking place in the centre. The provider/person in charge was made aware of the Authority's concerns in relation to this practice. The provider/person in charge stated that the practice would be discontinued immediately and alternative arrangements made for care of residents regarding the matter in question. The response to the first action plan issued by the Authority was not satisfactory. A second action plan response was requested. A number of responses in the second action plan remain unsatisfactory as they did not provide the detail required to assure the Authority that the actions required were adequately addressed.
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 was an experienced nurse manager and was actively involved in the day-to-day organisation and management of the service. The person in charge had also been appointed to the post of provider since the previous inspection. Staff, residents and relatives all identified the person in charge as the person with the overall authority and responsibility for the delivery of care. The person in charge was found to be committed to providing person-centred care to residents and was employed full time. She demonstrated good insight into the responsibilities of her role in leading the care and welfare of the residents. The person in charge was engaged in continuous professional development.

**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:**
The centre had an up-to-date policy on the prevention, detection and response to abuse. There was evidence that staff had received training in the prevention of elder abuse and staff spoken with by inspectors were aware of what to do in the event of an allegation of abuse being made. However, the provider/person in charge stated that one member of staff had not attended this training. Evidence of this was confirmed by inspectors, who found a lack of training records in the staff member's file.

Residents stated they felt safe in the centre and could talk to the person in charge or any of staff member.

Inspectors reviewed processes in place for safeguarding residents’ finances and noted that there were robust systems in place to safeguarding residents’ finances. Each resident had a record with details of financial transactions, signed by two people.

Closed circuit television (CCTV) located in the corridors and in one sitting room, was used in the centre. A centre-specific policy was in place which outlined the use of CCTV and identified the locations of the cameras. The provider was aware of data protection responsibilities under the Data Protection legislation. Signage indicating the use of CCTV was in place. However, the provider was asked to review the use of the CCTV camera in one sitting room, which potentially intruded on the privacy and dignity of residents present in that room and on their visitors. This was addressed under Outcome 16: Residents rights, dignity and consultation. The provider stated that this camera would be turned off and alternative arrangements would be put in place for the supervision of residents.

Inspectors observed that there was no log maintained in the centre detailing the use of restrictive procedures. This was addressed under Outcome 5: Documentation to be kept in the centre. In addition, notifications on the use of restrictive procedures were not submitted to the Authority, including the use of chemical restraint. This issue was addressed under Outcome 10: Notifications. Furthermore, inspectors observed that an incident of an alleged abusive interaction between residents had not been notified to the Authority. This was addressed under Outcome 10: Notifications. Furthermore, inspectors found that all staff in the centre had not been afforded refresher training to update their knowledge and skills in behaviours that challenge, appropriate to their role.

Prior to the inspection the Authority had been made aware of practices in the centre related to some residents' care needs, which may have violated the personal bodily integrity of those residents. This practice was undertaken without the consent of residents, a number of whom had a diagnosis of dementia. During the inspection, inspectors found evidence in documentation reviewed and during staff interviews that these practices were taking place in the centre. The provider/person in charge was made aware of the Authority's concerns in relation to this practice. The provider/person in charge stated that the practice would be discontinued immediately and alternative arrangements made for care of residents regarding the matter in question.

**Judgment:**
Non Compliant - Major
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 centre had an updated health and safety statement. The centre had an emergency plan inclusive of arrangements in place for responding to emergencies. A location had been identified for safe placement of residents, in the event of an evacuation. Staff members spoken with by inspectors were aware of the location of the identified evacuation centre.

There were procedures in place for the prevention and control of infection. Alcohol hand gels, disposable gloves and aprons were available in the centre. Adequate hand washing facilities were available and instructions on hand washing techniques were displayed. Clinical waste and sharps bins were securely stored and there was evidence of an arrangement in place for the collection of clinical waste by an external agency. Staff were observed wearing protective equipment (PPE) when engaging in personal care or housekeeping practices. There were procedures in place for cleaning residents’ bedrooms and en suites. The person in charge stated that specific cleaning staff were employed daily to clean the centre during the day. Additional cleaning was carried out by night care staff. A colour coded system was in use for cleaning. However, inspectors noted that the tiles in one bathroom were not clean and there was only one hand towel available, at the time of inspection, in a bathroom which was shared by four residents. In addition, in this bathroom one towel rail was broken.

The risk management policy in the centre was up to date. However, the risks specified under Regulation 26 were not all identified in the risk management policy, for example the risk of self harm and the risk of a resident absconding. The documentation received by the Authority in response to the action given was not adequate to comply with Regulations. In addition, arrangements were not in place for investigation and learning from serious incidents involving residents, in a number of records reviewed. In addition, inspectors found that not all risks in the centre had been identified or assessed. For example, inspectors noted that there were no grab rails in the bath; there was no call bell in the smoking room, the sluice room sink was dirty and cobwebs were visible on the sluice room ceiling: there was no call bell in the visitor's room: there were brown stains visible on a sangenic bin (used for disposal of pads): four chairs were observed to be visibly stained, in one room: there were large tubs of cream and shampoo bottles which were not labelled with individual residents' names, posing a risk of cross contamination: one resident had a lighter on his person, which had not been risk assessed. This issue was risk assessed following the inspection.
A senior nurse was the trainer for moving and handling techniques. There was evidence that staff attended training in moving and handling techniques. Staff spoken with by inspectors confirmed their attendance at this training. There was evidence that manual handling equipment (hoists and slings), beds and mattresses were serviced by an external contractor.

Suitable fire equipment was provided. All fire exits were unobstructed and were checked daily. A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed. Fire records reviewed by inspectors, confirmed that the fire alarm and fire safety equipment were serviced on a regular basis and that fire drills took place at suitable intervals.

**Judgment:**
Non Compliant - Major

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**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 centre’s policy on medication management was up to date and signed as having been read by staff. Arrangements were in place for the collection of unused medications on a regular basis. A sample of medication prescription charts reviewed included the resident’s name, date of birth, a photograph of the resident and details of any allergies were documented. There was evidence of ongoing review and audit of residents' medications.

Residents’ medication was reviewed by the GP on a monthly basis according to a sample of records reviewed by inspectors. The controlled drugs were suitably stored in the locked treatment room. A designated medication fridge was located in the treatment room and the temperature of the fridge was monitored daily. Records were reviewed which confirmed this practice. A lockable facility was available in the bedrooms of residents who had been assessed as capable to self administer medications. The centre had a policy to support this arrangement.

However, where medications were required to be crushed this was not always documented by a medical practitioner. In addition, inspectors observed that subcutaneous fluids were being administered from expired prescriptions, for a number of residents. These fluids had not been prescribed on the current prescription in use for the residents. Furthermore, the practice for receiving medication orders over the phone was not robust, for a particular medication, Warfarin (a medicine that reduces the
formation of blood clots). These phone medication orders were not signed by a medical doctor or nurse. They had not been checked by a second nurse, as required by An Bord Altranais agus Cnaimhseachais na hEireann guidelines for the administration of medication for nurses. In addition, the date that the medication order was received was not recorded by the nurse who had received the phone order. Inspectors observed that there was no separate Warfarin recording sheet in residents' files, in line with best practice guidelines.

**Judgment:**
Non Compliant - Major

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**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:**
There was a record of all incidents and accidents maintained in the centre.

A number of notifications were made to the Authority in line with Regulations. However, inspectors noted that a serious incident which required hospitalisation, had not been notified to the Authority. In addition, notifications of restraint use, of an unexpected death in May 2015, of an allegation of peer abuse and of residents who had pressure sores had not been made to the Authority, in line with the requirements of the Regulations. Furthermore, an incident of alleged staff misconduct had not been notified to the Authority, as required.

This was discussed with the person in charge. She was informed that these notifications were required to be submitted retrospectively.

The second action plan received by the Authority did not provide adequate reassurance that the Regulations regarding three day notifications were being complied with in the nursing home as per the requirements of paragraph 7 (i) to (j) of Schedule 4 of the Regulations. For example, a sudden death of a resident and an allegation of peer abuse had not been notified to the Authority within three days of their occurrence or were not submitted retrospectively, as requested on two occasions, by the Authority in the action plans set out for the provider.

**Judgment:**
Non Compliant - Major
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:
Inspectors reviewed a sample of residents’ care plans. There was evidence of referral to allied health care services. Inspectors were informed that residents had timely access to General Practitioner (GP) services. Residents’ care plans were reviewed four monthly. There was a named staff nurse identified as the key nurse for a group of residents. The person in charge stated that care plan reviews were done in consultation with residents and their representatives, where required. Documentation confirming this was seen by inspectors. Detailed narrative notes were maintained for each resident. However, a resident who was in the centre for a month did not have a completed care plan in place. This was significant as the resident was an insulin dependent diabetic and there was no plan of care in place for the management of this identified need.

Comprehensive assessments for residents who required bedrail or lap belt restraint had been completed. Care plans of these residents contained risk assessments. Consent for the use of restraint was signed by residents or their representatives. However, the failure to notify the Authority of the use of these restraints, as required by Regulation, was addressed under Outcome 10: Notifications.

There was evidence that residents were weighed regularly and any concerns regarding weight loss/gain was communicated to, and subsequently addressed by the GP, with ongoing referral to the dietician, where appropriate.

It was evident that residents had opportunities to participate in activities that were meaningful and purposeful to them. Each resident had a life history compiled in consultation with the resident and the resident's representative and this informed the choice of activities. Activities ranged from newspaper reading, prayers, music sessions, chair based exercises, 'Sonas', the hairdresser, arts and crafts, hand massage and outings. Inspectors observed chair based exercises during the inspection and a large group of residents were seen participating. A number of staff were observed to be supporting residents and inspectors observed that there was a good rapport between residents and staff.

Staff, spoken with by inspectors, were knowledgeable about residents’ health and social care needs. Residents spoken with by inspectors stated that they were happy in the
centre and that staff were kind to them. They stated that they had a choice of menu at mealtimes and that the food was good.

It was evident that residents who experienced dysphagia (difficulty in swallowing) or had a percutaneous endoscopic gastrostomy (PEG) tube for nutritional support, had care plans in place. These residents had been assessed by the speech and language therapist and the dietician.

A number of residents had pressure sores which required dressings. Care staff informed inspectors that they attended to these dressings. The person in charge was asked to provided assurances to the Authority that only trained staff members attended to wound dressings. However, the person in charge stated that the care staff attended to dry protective dressings only, while nursing staff attended to more complex dressings. Care plans were in place for skin care and residents were repositioned regularly. Documentation confirming this was viewed by inspectors.

The privacy, dignity and confidentiality of all residents were safeguarded in that information and documentation, in relation to residents' needs, was stored in a safe manner.

Judgment:
Non Compliant - Moderate

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:
The centre had an up-to-date policy and procedure for the management of complaints. However, the policy did not contain the name of a nominated person, as specified under Regulation 34 (3), other than the complaints officer, to ensure that all complaints were responded to and properly recorded. Residents were aware of how to make a complaint and they knew that the person in charge was the complaints officer. The person in charge informed inspectors that she monitored the complaints from each area.

Inspectors noted that there were a number of complaints about residents wearing another person's clothing or that the wrong clothing was placed in a resident's wardrobe. A visitor with whom inspectors spoke confirmed that this had happened in the care of her relative. She stated that this had been addressed by the person in charge.
Residents spoken with by inspectors stated that they could raise any issue or concern with the person in charge or staff. However, there was no record on some occasions of whether or not the complainant was satisfied with the outcome of the concern or complaint.

**Judgment:**
Non Compliant - Moderate

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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.

**Findings:**
There was evidence that residents were consulted about how the centre was run. Documentation was reviewed which indicated that residents were spoken with regularly, on a one to one basis, by the person in charge or the senior staff nurse. Residents' meetings were facilitated. There was evidence that suggestions emanating from these meetings were acted on by the person in charge. There was a policy on communication for residents in the centre. The centre was located on the outskirts of a busy town and was centrally placed in the community where residents could be apprised of local events. Residents were facilitated to partake in meaningful activities and local events. The person in charge informed inspectors that residents were facilitated to vote, where possible.

The person in charge spoke with inspectors about how she met with residents and relatives on a daily basis and inspectors noticed that staff engaged with residents and relatives in a dignified and approachable manner, throughout the inspection. Inspectors observed that residents received care in a manner which respected their privacy, as much as the environment allowed, with the use of curtains and screens in the multi occupancy rooms. However, residents' privacy and dignity was significantly compromised in the four bedded and three bedded rooms. In these rooms lockers, chairs and wardrobes could not be placed accessible to residents' beds, due to design, layout and space restrictions. In addition, when the privacy curtains were pulled around the beds there was no room to walk between the curtained areas.

Information on local events was provided by the activity personnel. There was information on upcoming events advertised on the notice board and inspectors heard
staff members discussing books, family and national events with the residents. Residents with whom inspectors spoke conversed about their life and experiences in the centre. Inspectors observed that visitors were plentiful and those with whom inspectors spoke were pleased with most aspects of care in the centre.

Breakfast was seen to be served to a number of residents when inspectors arrived at the centre at 07.00am. The night staff informed inspectors that they were assisting residents who required support with their meal. However, it was not clear if these residents had been given a choice as to the time they would like their breakfast served. Documentation was not available to support this choice. Inspectors observed, however, that residents were facilitated to stay in bed late following breakfast and that getting-up time varied, for each resident.

As outlined under Outcome 7: there was a CCTV camera in use in a sitting room in the centre. The use of this camera impacted on the privacy and dignity of residents and on their private time with visitors. The provider/person in charge stated to inspectors that this would be turned off and alternatives measures put in place for the supervision of vulnerable residents in this room.

The response from the provider to the second action plan issued by the Authority failed to provide assurance to the Authority that all residents were offered a choice of breakfast time, to comply with Regulation 9 (3) (a). For example, some residents had breakfast served before the night staff went off duty. When inspectors visited the premises at 07.00 some residents were already finished their breakfast. In addition, a timeframe and satisfactory detailed plan of action was not received from the provider in response to the second action plan issued by the Authority to meet the requirements of Regulation 9 (3) (b) as regards the residents' right to privacy.

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:
Inspectors formed the opinion that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents, taking into consideration the size and layout of the centre. There was a two hour overlap of night and day staff in the morning. Staff spoken with by inspectors stated that the increased staffing level between the hours of 07.00 and 09.00 in the morning had a positive impact on the care and welfare of the residents, as meals were less rushed. In addition, the night nurse was afforded protected time to administer the morning medications. However, inspectors were informed that staff undertook cleaning and laundry during the night which limited the time available to attend to residents' needs. The person in charge stated that this was under review. She also stated that she was available to support staff if there was a need for extra staff to be present at night, as she lived near the centre.

Staff training records were reviewed by inspectors. Most staff had attended mandatory training. However, the person in charge stated that a small number of staff had not attended the mandatory training required under Regulations. This was addressed under Outcome 7: Safeguarding and Safety. There was evidence of staff having been afforded a wide range of education and training to meet the needs of residents. For example, training in infection control, elder abuse, end-of-life care, fire safety, falls management, challenging behaviour and dementia care. However, in the absence of an updated training matrix or certification in all staff files it was not possible for inspectors to ascertain which staff had yet to attend training or refresher training.

A sample of staff files reviewed indicated that the requirements of Schedule 2 of the Regulations were met.

On the day of inspection, staff were supervised on an appropriate basis. The person in charge stated that a staff appraisal system was in place. However, documentation to support these appraisals were not available, in the sample of staff files reviewed. Inspectors viewed the staff rota, showing staff on duty during the day and at night. This correlated with the staffing levels in place on the day of inspection.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:
Provider’s response to inspection report

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<th>St. Joseph's Nursing Home</th>
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<td>OSV-0000288</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30/10/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14/01/2016</td>
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Requirements

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

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

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had been afforded updated training in updating their knowledge and skills in behaviours that challenge.

1. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviours

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

**Please state the actions you have taken or are planning to take:**
All staff have attended in house training sessions. All staff are aware that they must attend mandatory training sessions. These are done regularly throughout the year. All staff are made aware of courses outside the centre, same are posted on the notice board.

<table>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors were informed by the person in charge that a small number of staff had not attended mandatory training in the prevention of elder abuse.

**2. 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:**
This Staff Nurse had received training. It was recorded in the Training Book however no in house certificate was given. The training matrix which was requested is in place to avoid further confusion and to make it more simple to management to know who has done what courses.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 14/01/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were care practices in the centre which were carried out without the consent of residents. These practices violated the personal bodily integrity of residents.

Safeguarding plans were not in place for residents who were involved in an alleged abusive interaction.

**3. 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:**
Practice discontinued.
Proposed Timescale: 14/01/2016

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 registered provider failed to ensure that the risk management policy set out in Schedule 5 included hazard identification and assessment of all risks throughout the designated centre.
For example, the following risks had not been identified:
there were no grab rails in the bath; there was no call bell in the smoking room, the sluice room sink was dirty and cobwebs were visible on the sluice room ceiling; there was no call bell in the visitor's room: there were brown stains visible on a sangenic bin (used for disposal of pads): four chairs were observed to be stained in one room: there were large tubs of cream and shampoo bottles which were not labelled with individual residents' names posing a risk of cross contamination: one resident had a lighter on his person which had not been risk assessed:

4. 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:
All have been addressed.

Proposed Timescale: 08/12/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to ensure that the risk management policy set out in Schedule 5 included the measures and actions in place to control the unexplained absence of any resident.

5. Action Required:
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:
Please see attached copy of Safety Statement where it clearly states the issues of self harm and unexplained absence, which was viewed by the Inspectors on date of Inspection. All staff are aware of Safety Statement and Risk Management.

**Proposed Timescale:** 14/01/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider failed to ensure that the risk management policy set out in Schedule 5 included the measures and actions in place to control self-harm.

**6. Action Required:**
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
Please see attached copy of Safety Statement where it clearly states the issues of self harm and unexplained absence, which was viewed by the Inspectors on date of Inspection. All staff are aware of Safety Statement and Risk Management.

**Proposed Timescale:** 14/01/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The registered provider failed to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff.

For example,
- brown stains were noted on a sangenic bin
- stains were noted on some chairs
- the tiles in one bathroom were not clean
- there was only one towel available in a bathroom shared by four residents
- the sluice room sink was dirty
- cobwebs were noted on the ceiling of the sluice room.

**7. Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.
Please state the actions you have taken or are planning to take:
All have been addressed.

Proposed Timescale: 08/12/2015

**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:
Medications prescribed over the phone were not dated or signed.
Robust systems were not in place for the receipt of phone orders for medications.
An appropriate record chart was not maintained for Warfarin administration.
Not all medicines were signed as suitable to be crushed.
Subcutaneous fluids were administered from expired prescriptions.

8. **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:
This has been rectified. All sub cut fluids are charted on new charts. The prescriptions were not expired, the drug administration sheets had been updated. G.P s forgot to put sub cut fluids on new drug administration sheets, therefore we were referring to old drug administration sheets.

Proposed Timescale: 14/01/2016

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(i)(a) to (j) of Schedule 4 within 3 working days of its occurrence.
For example:
- an allegation of abuse
- the development of pressure sores
- the sudden death of a resident
- serious injury requiring hospitalisation
- staff misconduct.

9. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
All grade two pressure sores will be notified to HIQA regardless if the happen in this Nursing Home or not. Any new Residents, Residents returned from Hospital or Residents that develop any type of sore HIQA will be notified.
The abuse in question was an allegation of peer abuse, between two staff members. This is in the process of being investigated, and is hearsay at present. No action has been taken on either member of staff at present. If there is disciplinary action taken HIQA will be notified.
A Resident did pass away in his room while sleeping, however this Resident had been acutely unwell for some time. GP will have no problem explaining his complex medical conditions if so required. No Coroner's report or autopsy was required.

**Proposed Timescale:** 14/01/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of all incidents set out in paragraphs 7(2) (k) to (n) of Schedule 4.
For example:
- the use of restraints such as lap belts or bedrails.

10. **Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

**Please state the actions you have taken or are planning to take:**
Any restraint that has been used, consent was given for or prescribed by GP. It is our policy to keep the use of restraints to a minimum. HIQA will be notified if restraints have to be used.

**Proposed Timescale:** 14/01/2016

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

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident who was an insulin dependent diabetic did not have a care plan in place for the identified need.

11. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
A care plan had been commenced but was not completed. This has been addressed.

Proposed Timescale: 08/12/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care staff indicated to inspectors that they attended to wound dressings for some residents. The person in charge was asked to assure the Authority that staff who carried out any wound dressings were appropriately trained: in accordance with the high standard of evidence based nursing care, required in professional guidelines issued by An Bord Altranais agus Cnaimhseachais na hÉireann.

12. 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:
29 staff members have completed their first aid training. Updating this training is starting next week with an in house instructor. Only competent staff are asked to renew a dry dressing. This decision is made by the nurse in charge on a given day. It must be emphasised that the majority of all dressings are completed by the nurse on duty.

Proposed Timescale: 14/01/2016

Outcome 13: Complaints procedures

Theme:
Person-centred care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider failed to nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in the designated centre to ensure that all complaints were appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintained the records specified under in Regulation 34 (1)(f).

13. **Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
Another Sub Complaints Officer has been appointed since the inspection.

**Proposed Timescale:** 08/12/2015

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentation reviewed in the complaints book did not indicate that the complainant had been informed promptly of the outcome of their complaint and details of the appeals process.

14. **Action Required:**
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
All complaints are documented.
Outcome of complaints are now documented.
Staff have all received education on how to properly document a complaint.

**Proposed Timescale:** 08/12/2015

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In a sample of complaints reviewed the satisfaction or not of the complainant was not recorded.

15. **Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
All staff have now been educated on how to properly document a complaint.

**Proposed Timescale:** 08/12/2015

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<table>
<thead>
<tr>
<th><strong>Outcome 16: Residents' Rights, Dignity and Consultation</strong></th>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

It was not clear to inspectors that all residents were afforded a choice of breakfast time.

**16. Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
All Residents have a dietary care plan in their Nursing Assessment. Their likes and dislikes are documented. A Breakfast menu is available.

**Proposed Timescale:** 08/12/2015

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

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

The registered provider had failed to ensure that each resident could undertake personal activities in private. For example,

- in the four bedded room space next to the beds and behind the privacy curtains was limited due to the lack of space in the rooms and the location of the beds.
- these four residents shared one bathroom
- the three bedded rooms were small and space was restricted for private activities.

**17. Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
We are currently assessing the layout of theses rooms, A plan is being put in place to utilise the room we have more efficiently.

Proposed Timescale: Ongoing

<table>
<thead>
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<th>Outcome 18: Suitable Staffing</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Records of staff supervision were not maintained in a consistent manner.</td>
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**18. 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:**
Staff meetings and training sessions are held on a regular basis, these are documented in the staff training book. Staff appraisals are commencing in February

Proposed Timescale: on going

<table>
<thead>
<tr>
<th>Proposed Timescale: 29/02/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Training records were not adequately maintained. Not all staff had been afforded refresher training.</td>
</tr>
</tbody>
</table>

**19. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
The training book contains all details of staff training and who attended what training. A matrix will be implemented in January 2016.

Proposed Timescale: Ongoing
| Proposed Timescale: 31/01/2016 |