### Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Joseph’s Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000284</td>
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<tr>
<td>Centre address:</td>
<td>Bon Secours Care Village, Mount Desert, Lee Road, Cork.</td>
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<tr>
<td>Telephone number:</td>
<td>021 454 1566</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:carevillage@bonsecours.ie">carevillage@bonsecours.ie</a></td>
</tr>
<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>Bon Secours Health System Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>William Edward Maher</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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<tr>
<td>Support inspector(s):</td>
<td>Mairead Harrington</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>64</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 02 February 2016 07:45
To: 02 February 2016 18:30

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

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<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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Summary of findings from this inspection
This was the seventh inspection of St Joseph’s Hospital by the Health Information and Quality Authority (HIQA or the Authority). The centre was located in a quiet rural setting and there were large windows throughout which afforded a lovely view of the Lee Valley and surrounds. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Inspectors followed the experience of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to the Authority. On the day of the inspection there were 64 residents in the centre.
One resident was in hospital and there were two empty beds. The person in charge had stated that there were 21 residents who had been diagnosed with dementia and another ten residents had cognitive impairment. There was no dementia specific care unit in the centre and all residents dined and interacted together, providing an environment that promoted wellbeing. Overall, inspectors found the person in charge and staff were committed to providing a high quality inclusive service for residents with dementia who resided in the centre.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge, the clinical nurse managers (CNMs), the hospital accountant/facilities coordinator, staff nurses, care staff, catering and household staff, Bon Secours sisters and administration staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, allied health care records, policies and the planned activity programme. A number of staff files and residents' files were checked for relevant documentation. Inspectors found the premises, fittings and equipment were of a high standard. The centre was noted to be very clean and well maintained. Inspectors observed that there were opportunities for reminiscence provided by the quality of the antique furniture and the plentiful memorabilia on display in various locations in the centre. The person in charge informed inspectors that she was involved in the centre on a daily basis. The centre and was found to be easily accessible to residents, relatives and staff.

Some actions were required to comply 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. These improvements included: premises and documentation of complaints. However, the centre was overall substantially compliant in the six Outcomes which were inspected against on this inspection.
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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Each resident was assessed by the person in charge or clinical nurse manager prior to admission to ensure the service was suitable to their needs. Inspectors reviewed a number of residents’ files in detail and observed that residents had a comprehensive assessment and care plan in place to meet their assessed needs. The person in charge explained to inspectors that as the centre had an open door policy the assessment of needs was important to ensure that the centre had the capacity and the capability to care for the specific needs of any person with dementia. Care plans included a detailed profile of each resident and residents and relatives, where appropriate, were involved in developing and reviewing the care plans.

Residents had access to medical and allied health care professionals and inspectors noted that these were accessed on a regular basis for residents. For example, inspectors spoke to the physiotherapist who attended the centre two days per week. She explained to inspectors about the benefits of her balance classes and chair based exercises for residents with dementia, who attended. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The environment was interesting with plenty of objects to engage and interest residents.

Staff were offered a range of training opportunities, including dementia training courses, which outlined effective communication strategies. Arrangements were in place to support the civil, religious and political rights of residents with dementia where this was possible.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety
**Theme:**
Safe care and support

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

**Findings:**
Inspectors found that measures were in place to protect and safeguard residents. There was a policy in the centre that set out the protocol in place for the prevention, detection, reporting and investigating of allegations of elder abuse. The policy referenced the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or had an allegation of abuse disclosed to them. Training records reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction and that training was updated yearly by the in-house trainer. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and helpful. Relatives confirmed with inspectors that staff had a caring attitude.

There was a policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Nursing and care staff confirmed that training had been provided to them in how to support residents with dementia. Individualised care plans on behaviour issues were in place in a sample of residents' files seen by inspectors. Inspectors noted that they described the behaviour, what support was to be provided to the resident and outlined interventions to de-escalate the situation. PRN (as necessary) medication had been prescribed for administration if residents remained anxious. Inspectors noted that audit of the use of this psychotropic medication was undertaken and that its use was reviewed regularly by the general practitioner (GP). Nursing staff in the centre explained to inspectors that when a resident's usual behaviour changed an assessment was carried out to rule out any infection, environmental issue or continence needs. Inspector observed staff interacting with residents and intervening appropriately when a resident began to communicate distress or anxiety. For example, a resident who was restless was taken for a walk to the dining room where she was offered tea with the staff member.

Risk assessments had been completed for residents who required bed rails, security bracelets or lap belts. These restraints were checked regularly when in use and records were viewed by inspectors. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the use of restraint, a consultation process was followed. Multidisciplinary (MDT) input was sought and this was documented in relevant files. Inspectors found that residents' finances were managed carefully in the centre. Two staff members signed any financial transactions records and the sample of records checked were seen to be accurately recorded.

**Judgment:**
Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The person in charge informed inspectors that residents with dementia were consulted with and participated in the organisation of the centre. Residents were enabled to make choices and maintain their independence. There were opportunities for residents to participate in activities that suited their assessed needs and interests. Inspectors reviewed the minutes of residents' meetings and noted that any concerns were addressed. In addition, there were resident surveys carried out in the on-site restaurant and inspectors were informed by the restaurant manager that residents' likes and dislikes were accommodated. Additional menu choices and seasonal changes were discussed with residents. Residents were seen to be consulted at meal times and they informed inspectors that there was a 'great choice' available.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with inspectors and stated that they were satisfied with the sense of freedom they experienced to move around the communal areas. Most residents had unrestricted access to the gardens. However, one resident with early dementia stated to inspectors that when she went outside she was "followed and told to come back as it was too cold". The person in charge explained to inspectors that this resident was at risk of abscondion and inspectors noted that she was wearing a security bangle. This alerted staff by setting off an alarm when the resident passed certain points in the centre. As there was an open door policy in the centre the person in charge stated that some areas were not suitable for residents who might abscond due to the effects of their cognitive impairment. Where any such resident was accommodated in the centre a risk assessment was undertaken prior to admission. In addition, where this resident was deemed suitable for admission the resident was then assessed for the use of an alarmed security bracelet. While this was put in place to enable residents to move around areas of the centre safety inspectors noted that independent access to all areas was restricted for those residents with dementia, who were required to use this safety alarm system. In particular, through the sitting room exit door leading to the car park, the front door, the lift area and the stairs balcony area. According to the person in charge, residents who were not at risk of abscondion were enabled to access the external enclosed garden areas. In addition, staff spoken with stated that the weather was not suitable for outside walks at present and these would be facilitated when the weather improved.

Residents’ wishes were prioritised when planning activities and excursions. There were many photographs on display which had been taken at events and birthday parties both
inside and outside the centre. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the restaurant, in the bedrooms and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by an activity coordinator. The weekly activity schedule included music, board games, arts and crafts, gardening, newspaper reading, religious activity, Sonas, balance exercises and chair based exercise. On the day of inspection, the activities coordinator was not in the centre. However, staff informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity coordinator spent time with these residents facilitating for example, music sessions, religious service on TV and hand massage. Documentation to this effect was seen in residents' care plans.

Life stories were available in each resident's care plan and this documentation included details of residents' individual interests, level of communication, preferences and background. These life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. Inspectors observed all staff interacting with residents in an appropriate and respectful manner. This included the household and restaurant staff who were knowledgeable about residents' needs and preferences and were seen to be familiar with visitors also. Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in the lounge areas and in the restaurant in the centre. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. In one lounge area the observing inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was eye contact between residents and staff members. Staff engaged in social conversation and encouraged residents to remain independent when eating. Inspectors noted that appropriate support was offered where required and residents' food preferences were checked. In another lounge area interaction was observed to be 'neutral 'as indicated by the observational tool guidelines, in this case there was no interaction with the resident for a period of time. For example, a resident was observed to have her soup and drink in front of her. There was no staff member present for a period of ten minutes and the resident had her eyes closed. When her dinner was brought to the table she became more alert and this staff member then engaged positively and attentively with her while supporting her to eat her meal. The overall evaluation of the quality of interactions during this period of 30 minutes was one of positive, connective care.
The second observation took place in the restaurant. The clinical nurse manager (CNM) discreetly informed the observing inspector about which of the residents had been diagnosed with dementia. Staff members were seen to offer all residents choice and spoke with residents to ascertain their meal and dessert choices. The residents who had dementia were seen to be very independent when eating their meals. Residents were treated equally and where prompting was required this was sensitively offered. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation and gentle banter. There was a calm and happy atmosphere in the restaurant providing a sense of positive wellbeing for residents with dementia. The meal was unhurried and restaurant staff were available to support residents and staff throughout the period of observation. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Staff were seen to accommodate one resident who arrived late for the meal. The staff member engaged the resident in conversation about the choice on offer and offered any explanations which were required. Staff carefully assisted residents who were using walking aids. However, not all staff attended to residents by making eye contact and appropriate engagement. Some interactions were noted to involve 'superficial' conversation, that is conversation that was not personally meaningful. For example, a member of staff was seen to place a dessert in front of a number of residents who had dementia saying 'now, there is your dessert'. This exchange took place without any eye contact and often over the shoulder of the residents involved. However, generally, the majority of interactions in the dining room during the 30 minutes observation period were noted to involve positive connective care.

Inspectors observed that notices were on display which indicated that residents and their representatives were provided with contact information for independent advocacy services. Overall inspectors found there were systems and fora in place to support residents with dementia and their representatives to participate in assessments and care planning.

**Judgment:**
Substantially Compliant

### Outcome 04: Complaints procedures

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

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

**Findings:**
Inspectors viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed in an accessible position in the centre. The name and contact details of an independent appeals person was detailed on
the complaints process and contact details for the ombudsman were made available.

Inspectors reviewed the complaints log and found that complaints were generally responded to promptly. Details of investigations into any complaints were documented. However, similar to finding on previous inspections, the satisfaction or otherwise of each complainant was not recorded. In addition, a resident's complaint which had been recorded in detail had not been completed. There was no evidence of learning from the complaint and the content of the complaint was concerning as regards the alleged interaction of the staff member. The person in charge stated that this had been verbally addressed.

**Judgment:**
Substantially Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Inspectors found that staff delivered care in a respectful, timely and safe manner. Inspectors found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of residents including residents with a diagnosis of dementia. Staff were supervised according to their role and appraisals were conducted annually. An actual and planned roster was maintained in the centre. Inspectors reviewed staff rosters which showed that the person in charge was on duty each week day. In addition, there were CNMs and nurses on duty at all times, as well as consistent care staff. The centre had the services of the head of facilities and accounts, an activity coordinator, a physiotherapist, restaurant manager, catering staff, housekeeping, administration and maintenance staff. In addition, there were a number of sisters of the Bon Secours order who provided invaluable palliative and psychological support to residents. Staff stated that these members of the team acted on a voluntary basis and supported and guided staff in maintaining the person centred ethos of the centre.

A number of CNMs facilitated a range of training courses for staff in the centre. Records viewed by inspectors confirmed that all staff had completed mandatory training in areas such as safeguarding, knowledge of BPSD, manual handling and fire safety. Staff also attended external training events and seminars. The person in charge discussed staff issues with inspectors and proper protocols and records were seen to be in place where any concern had been identified. The staff appraisal system was discussed in detail. The procedure had been peer reviewed by another similar centre and professional development and training needs were included in all appraisal meetings,
The recruitment policy seen on inspection met the requirements of Regulations. This was implemented in practice according to a number of staff interviewed by inspectors.Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
St Joseph’s was a purpose built residential centre caring for the needs of 67 residents. The main entrance to the centre was bright and spacious and the dining room, administrative offices, hairdressing and beauty room, chapel and activities room were easily accessible for residents. The centre had 57 registered single bedrooms and five double bedrooms. All bedrooms in the centre had en suite facilities and there are two assisted baths in the centre. There was sufficient storage space and lockable storage for residents in their bedrooms. Toilet facilities were available near the lounge areas on each corridor and near the dining room and other communal areas. Residents’ bedrooms were personalised and the lounges in each unit were decorated in a 'reminiscence' style which created a comfortable and homely atmosphere for residents and their visitors. Décor, furniture, fittings and soft furnishings were of a high standard. Lights were fitted over the beds and bedrooms were spacious and well equipped with modern furniture. All bedrooms had large wardrobes, bed side lockers and a comfortable bed side chair. En suite facilities were equipped with a hand-basin, toilet and shower facilities. inspectors observed that suitable assistive hand rails were in place. Call bells were in place in all bedrooms and also in the en-suites.

The bedroom areas were laid out in six corridor areas. These were interconnected by large, bright corridors that were designed and laid out with interesting items of furniture and memorabilia for residents to observe and interact with. For example, shelves with samples of old currency, old fashioned clothes irons and other antique ornaments. There was adequate signage in the centre and the use of memory aids to support orientation. Bedrooms were seen to be personalised. Some residents had brought in their own furniture such as rugs, duvet covers, books, pictures and ornaments. There was a range of equipment in the centre to aid mobility, including personal electric wheelchairs and walking frames. Hoists and other equipment in the centre was serviced regularly and inspectors viewed these records. Staff were seen using aids to support people to maintain their mobility. For example guiding residents to walk with the assistance of the grab rails and using the walking aids in the correct manner. The centre was well
maintained and clean throughout. Inspectors spoke with staff who were found to be knowledgeable on cleaning, infection control procedures and the correct use of the colour coded bags for clinical and domestic waste.

Actions highlighted on previous inspections raised concerns with the person in charge, as regards Regulation 19 (3) which specified that external grounds must be suitable for, and safe for use, by residents.
- There was unrestricted access to an outside garden area leading to the car park.
- An unlocked external door led to a garden area where a steep drop was present behind a wooden railing.

On this inspection the person in charge stated that the provider and the person in charge were satisfied that the risks had been addressed and controlled adequately. In addition, the person in charge informed inspectors that the railings had been raised, where this was deemed to be necessary. This was addressed in more detail under Outcome 3 : Residents rights, dignity and consultation, as regards the suitability of all areas of the premises for residents at risk of absconsion.

**Judgment:**
Compliant

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**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:**

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Outcome 03: Residents' Rights, Dignity and Consultation

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

Provide more opportunity for a resident with dementia to go outside when that resident wishes to do so. Provide suitable outdoor clothing, risk assessment and extra staff where appropriate, to ensure residents with dementia at risk of absconsion can access fresh air when necessary.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 our residents have access to our gardens which are enclosed for their safety. Residents access these on a daily basis all year round, on their own & with staff, family & friends

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**Proposed Timescale:** 26/02/2016

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that staff communicate effectively with residents who have dementia and in accordance with the accessed communication needs of those residents with dementia.

**2. Action Required:**
Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident’s care plan prepared under Regulation 5.

**Please state the actions you have taken or are planning to take:**
Customer care & communication is very important to us. Staff are reminded on an ongoing basis of residents individual needs and importance of positive interactions. Staff are reminded daily of importance of these interactions daily. Dementia training has been completed by all staff.

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**Proposed Timescale:** 26/02/2016

**Outcome 04: Complaints procedures**

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all complaint records included the satisfaction or not of the complainant.

**3. 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:**
One complaint in book had not been fully written up, even though verbally complainant
had been satisfied with follow up. This had now been fully documented.

**Proposed Timescale:** 26/02/2016

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A complaint recorded on 22/09/15 had yet to be completed, according to the records available to inspectors.

4. **Action Required:**
Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

**Please state the actions you have taken or are planning to take:**
This has been completed now.

**Proposed Timescale:** 26/02/2016