

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Nursing Home
Centre ID:	OSV-0000176
Centre address:	Mountsackville, Chapelizod, Dublin 20.
Telephone number:	01 821 3134
Email address:	clunymg@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of St Joseph of Cluny
Provider Nominee:	Maeve Guinan
Lead inspector:	Leone Ewings
Support inspector(s):	Sheila McKeivitt
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	0

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: 04 March 2016 10:00 To: 04 March 2016 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. In 2015, information seminars for providers on evidence-based guidance and procedures were held. Guidance material on the thematic inspection process is published on the Health Information and Quality Authority's (the Authority) website.

Inspectors met with residents, relatives and staff members on this unannounced inspection. They reviewed the assessed care needs of all residents and tracked the journey of three residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a formal recording observational tool. Inspectors also reviewed documentation such as care plans, medical records and staff files. Inspectors examined relevant policies and the provider's self assessment questionnaire which was submitted prior to the inspection.

The person in charge completed the provider self-assessment and compared the service with 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 2009.

The centre provides a service for people requiring long term care and support and also dementia care. On the day of the inspection there were 33 residents, and nine residents had a formal diagnosis of dementia. There was no special dementia care unit, and all residents lived together in the centre, in a centre with accommodation over three storeys. Most residents had single private accommodation (some of which was en-suite) and there was two twin rooms.

The centre provided an environment for residents to move around as they wished with wide corridors. A passenger lift and stair cases connected the three floors, with the most dependent residents located on the ground floor in sacred heart unit. There were sitting and communal rooms on the ground floor, and a large dining room. All were an appropriate size to meet the needs of up to 33 residents. Some facilities of the nearby school, convent and grounds were shared by all on campus, including large external landscaped grounds.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place. There were good practices and training for staff around managing responsive and psychological behaviours, and using methods of restraint in the service. There was good access to the general practitioner and a wide range of allied health professionals.

The staff were familiar with each residents health and social care needs. An activities coordinator facilitated activities in the centre and detailed programme including those with cognition difficulties. Residents were fully supported to give feedback which informed the running of the centre.

The one action relating to provision of improved processes around infection prevention and control including blood spillages had been fully addressed to mitigate any potential risk from the last inspection of 2 April 2014.

There were some improvements identified around policy, premises and staffing identified. The centre was compliant in four of the six outcomes, and substantially compliant in the remaining two outcomes inspected against.

The findings from this inspection are outlined in the body of the report, and the action plan at the end of the report identifies areas for improvement.

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:

Residents wellbeing and welfare was maintained to a good standard, with each resident's assessed needs set out in individual care plans. There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of residents' records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The provider and person in charge advised inspectors that the pre-admission assessment would consider if the centre would be able to meet their assessed needs. When considering admissions they would consider if the residents needs would be met in that environment. There were pre-admission assessments in place for all residents, and for some residents admitted in the last few years the common summary assessment forms (CSAR) were completed. These documents identified a detailed assessment of each resident's needs and an assessment of the cognitive abilities completed. In addition, the person in charge completed her own assessment of residents cognitive abilities. This involved her visiting the resident at home or in the acute setting. Residents and relatives confirmed to inspectors their involvement with the pre-admission process and the care plan development and review. A good example, of this was when a family came to the centre to visit the centre to see if it would meet the needs of their relative to ensure a smooth transition. However, the detailed admissions process as described and implemented was not fully outlined in the current admissions policy. This written policy required review to reflect the good practice observed.

Residents could retain their own general practitioner (GP) if this was feasible, but arrangements were in place for medical practitioner services. Residents were seen on day of admission or within 72hrs if the resident was moving from their own GP, the person in charge confirmed this happened in practice. Records also confirmed that where medical treatment was needed it was provided. They showed that residents had timely access to GP services, and referrals had been made to other services as required, for example, dietician, the speech and language therapist, optician, dentist or dietician. The community intervention team and specialist older persons services also were available to residents on referral.

Records also showed that where there were known risks related to a residents care they were set out in the care planning documentation on admission. For example, the Dewing risk assessment tool was used for residents at risk of wandering. The person in charge or her deputy completed the detailed assessment for the residents, and completed the detail of how to support the residents in relation to their identified needs. For example; communication, nutrition, daily living skills, mobility and pain management. A detailed life history document called 'key to me' was in the process of being introduced at the time of the last inspection and inspectors found this was now fully implemented. The document was also completed by the resident and their family, and it covered important information and events in their lives. It covered a wide range of subjects including childhood, parents, siblings, occupation, likes and dislikes and hobbies.

Care plans were informed by this information and were seen to include health and social needs, with information about residents social, emotional and spiritual needs included. Areas such as each individuals understanding of their health care needs were covered in the documentation, and end of life care wishes (where appropriate). Where residents had religious or spiritual beliefs this clearly was recorded in their care plan, and it was set out how they would continue with this to support them in the centre, for example, their preference to be remain in the centre, attending the services provided in the centre, or arrangements for receiving sacrament of the sick.

Evidence was seen during the inspection that residents were closely monitored, and where there was a change in the presentation of the resident, action was taken quickly to respond to that. Records showed that residents had been seen by a GP, and timely referral was made for further assessments where required.

Where residents had been admitted to hospital, records were seen that detailed what the residents needs were, and included any medication they were prescribed. Records also showed that when residents returned from hospital there were discharge notes and any updated details about their healthcare needs and medications were provided for them.

A range of evidence based tools were seen to be in use to assess and identifying any changes in areas such as nutrition and hydration, dependency, skin integrity, oral care and risk of falls. Resident's assessed and identified needs were set out in care plans that described the care need and the support to be provided to meet the need, for example if residents needed support with mobility or pain management or communication needs. There was evidence that the care plans were being reviewed and updated every four months, or as needs changed. Documents were updated and signed by the nurses responsible for the records.

There was evidence that residents and families were involved in developing the plans, and staff incorporated these meeting dates into the care plan reviews. There were four residents in the centre with wounds or skin breakdown that required nursing intervention. There were robust evidence based care plans were developed for these residents to prevent further difficulties and all were being appropriately monitored and managed.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required were appropriately maintained.

Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. The system of communicating between nursing staff and catering staff for residents prescribed special dietary requirements was robust. Inspectors found that residents on weight reducing, diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions with attractive table settings and staff mostly sat with residents while providing encouragement or assistance with the meal. Some aspects of staffing at mealtimes required improvement, including the practice of staff taking breaks during mealtimes, was not conducive to ensuring that all residents received their meals in a timely manner, this aspect is considered under Outcome 6 of this report. Observation at mealtimes also was indicative of some elements of task orientated care, and a review of noise during the meal for those using the multi-purpose room was recommended to the provider and person in charge.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. Where residents had fallen there were post falls assessments and incident forms were completed. A review of the information about where and when falls were occurred to identify if there were any changes that could be made to reduce the risks. During the time inspectors were in the centre, they saw evidence of staff supporting residents to maintain their mobility, encouraging them to walk with staff and relatives who were visiting. There a number of falls since the time of the last inspection, those reviewed as part of this inspection mainly related to residents undertaking activity in private in their rooms, and a review took place in accordance with best practice to mitigate any risks, and there was evidence of appropriate action consistently being taken. However, one incident which had occurred in the toilets on the ground floor near the dining space was as an indicator that residents with cognition difficulties could not consistently find the facilities available in the immediate area. As outlined in Outcome 6 of this report appropriate signage was not in place to guide them appropriately around the building particularly for toilet and shower facilities. This aspect was discussed with the provider and person in charge who agreed to review this matter.

There was evidence seen during the inspection that residents were able to make choices about the care and treatment they received. Some had recorded their wishes around end of life care, and any discussions around 'do not resuscitate' requests had been signed by the GP. In other cases residents were seen to choose not to take part in activities, or social interactions taking place, and spent time doing something of their own choosing such as moving round the centre or resting in their room.

During the inspection there were a range of activities taking place. Some were group activities, for example exercise classes and bingo. Others were one to one activities such as reading the paper, walking and talking. During the week there were a range of activities including music, discussions, art, and spending time with the centres' dog. A detailed programme including Sonas was available and staff facilitating this had been fully accredited by the organisation which completes training on this communication activity which includes sensory elements. An activities programme was displayed on the residents notice board that outlined the activities planned for the week.

Inspectors did a formal observation during the day including mealtimes and activities. They saw that staff worked to involve residents in the activities taking place, promoted independence but respected their decisions to either observe or not engage at all. This is further discussed in Outcome 3 (residents rights).

Inspectors spoke with nursing staff who were administering medication, and this was completed in line with guidance from Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). The person in charge confirmed that the use of 'as required' (PRN) medications was not required with regard to any behavioural management care plans. There was regular reviews of the residents medications by the GP and the pharmacy service. The person in charge ensured regular audits of medication practices.

At the time of the inspection no resident was receiving palliative care. However, there was good access to local palliative care services for support and advise where required. One resident had a detailed end of life care plan which was reviewed by inspectors. Relatives spoken to felt that the staff were excellent, were respecting the dignity, choices and personal wishes of their relative, and they were doing everything they could to support the family.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantially compliant.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Inspectors found that measures were in place to protect residents from harm or

suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a safeguarding policy in place, however, it did not fully reference the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014 would be included.

Inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. This took place every three years and all staff were required to attend. Since the last inspection there had been no reports or any allegation of abuse notified to the Authority. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

Evidence based policies in place about managing behaviour that challenges (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. However, as described earlier in this report there was a restraint free environment in place. Inspectors were informed by the care assistants that they had training in how to support and communicate with residents with dementia.

Training records read for the last 12 months showed that all staff had attended training on related behaviours and dementia awareness. Staff had also attended training in communicating with dementia in late 2015, sensory awareness training had been completed recently also.

At the time of the inspection, no residents presented with behaviours that challenge in the centre. Where there were residents who required support, care plans were developed that set out how residents should be supported if they had behaviour that was challenging. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear that redirection and considering how residents were responding to their environment were important in supporting people to feel calm.

There were no residents who required the use of bed rails in the centre. There was a clear policy on restrictive practices. The provider advised inspectors the policy was scheduled for review in 2017 and would include reference to the National Policy "Towards a Restraint Free Environment". However, the approach used by all staff demonstrated a restraint free environment and a good standard of consent led service provision. Many elements of good practice to safeguard residents privacy and dignity and rights were observed during this inspection by inspectors.

This outcome was judged to be substantially compliant in the provider's self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

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:

Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was fully respected. As a smaller centre, the provider and person in charge were very involved with ensuring that each resident's wishes were fully respected by all staff.

There were residents meetings held in the centre every two months and these were facilitated by the person in charge. She confirmed that minutes were taken at each meeting and the last meeting had taken place the day before the inspection. The person in charge or provider would take action on any issues raised (where required). The minutes were provided to all residents and also displayed on the notice board prior to the next meeting. However, the person in charge confirmed to inspectors that she also had an 'open door' policy and would always welcome feedback on service provision, she could evidence this with her written records of any issues raised with her. The residents' feedback was generally positive about the service.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre that included daily prayers and daily mass was in place for Catholic residents. Mass was now held in the centres' church each day at 5.30pm rather than each morning as before. Each resident had a detailed section in their care plan that set out their religious or spiritual preferences. Residents who had wished to exercise their voting rights had been fully facilitated to do so in the recent general election.

The person in charge outlined details of advocacy services that were available to the residents. The contact details were also displayed in the centre, and outlined in the complaint's policy.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room.

Meal times were at structured times, however, flexibility was also offered and some residents chose to eat their meals in their rooms, or get up at their own time. Where residents required assistance or medications to be administered staff were observed to quietly knock on residents doors seeking permission to enter. Residents choose what

they liked to wear and inspectors saw residents looking well dressed, and moving around the centre undertaking their daily activities.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at two different times for one hour in the main dining area of the centre, and a further half hour in the multi-purpose room.

In the first observation, inspectors found staff provided kind physical care, with lots of friendly, personable interactions, however conversation was mainly instructive and not personally meaningful. The observation took place in the main dining room where a group of residents had gathered. The staff ensured excellent physical care and checked that each resident was happy with their meal. Residents were asked did they want a drink or to sit down here but were not engaged in any more conversation.

Inspectors found that residents' privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Staff were heard explaining to residents why they were coming into their room, e.g. to give refreshments or administer their medications.

Some residents with dementia were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the communal areas of the centre. Activities were provided main sitting room area by staff who facilitated these. The activities for residents with dementia were regularly assessed and needs driven. There were assessments, resident profiles, a "Key to Me" and activities of daily living records that provided detailed information on each residents assessed needs, likes and interests. Inspectors spoke to one staff who described the range and type of activities, which included one to one time, games, exercise, music, reading. This staff member had also completed training in Sonas (communication therapy for residents cognitive impairment). There was one to one time with residents, and some joined in on activities, others were socialising with family and friends, and others were sitting quietly.

Residents had access to a number of private sitting room, and number of sitting areas whereby they could meet with family and friends in private, or could meet in their rooms.

There was a laundry service provided in the centre and residents' clothes were regularly laundered and ironed. A large well laid out laundry room was located in a secure part of the centre. The staff in this department outlined the system in place to manage residents clothes in such a large centre. Each residents clothes went into a laundry bag and was individually labelled with their room number. They rarely lost clothes as they ensured all clothing was labelled and returned directly to residents bedrooms after being washed. One resident told inspectors her clothes were well looked after. Inspectors met a resident who enjoyed helping out in the laundry folding clothes. The resident had

worked in a laundry in their past life and told inspectors she liked helping the staff.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. As set out in outcome 1, staff were observed to be speaking with residents in a respectful way, and using their preferred names. Where residents had a communication deficit a care plan was developed and staff were seen to be familiar with them. For example, one resident who had a hearing deficit staff needed to ensure they sat to her left hand side when communicating verbally.

Residents were seen to be wearing glasses and hearing aids, to meet their needs, and staff had recently received sensory training to assist with communication practices.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as compliant.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre maintained a complaints policy that met the requirements of the Regulations. It was available in an appropriate format in the residents' guide. A procedure was displayed on notice boards in the communal areas. The procedure identified the complaints officer and independent appeals process.

Inspectors were provided with the records of complaints and compliments received by the centre. The centre had received a small number of complaints since the last inspection and the provider kept files recording all correspondence, investigations and outcomes associated with these complaints. The means by which learning was taken from events was also documented.

The provider and inspectors discussed verbal complaints, and while the centre had received some verbal feedback this was recorded, the provider and person in charge was aware of their legal obligation to record and investigate these complaints also.

Judgment:

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 there was adequate staffing levels of the centre to appropriately meet the care needs of the residents for both day and night. However, some improvement was required relating to staff organisation of mealtimes in relation to fulfilling the requirements of Regulation 18. For example, due to the layout of the centre, care staff were bringing meals to residents rooms thus leaving a larger number of residents with fewer care staff in the dining and multi-purpose room. The provider and person in charge agreed to review this practice.

There was a clear staff roster in place, that included the names and the times of staff shifts and of each staff category. The staff in the centre were observed to treat residents in a friendly and respectful manner both collectively and when assisting individual residents. Staff were familiar with the residents' health and social care need and were knowledgeable of their duties, and accountability. Staff were observed to interact with the residents in a kind, respectful and dignified manner, referring to them by their formal name.

The person in charge worked full time in the centre and the dates and time on duty were also noted in the roster. The senior nursing staff also took a supervisory role in the centre. The senior nursing staff reported to the person in charge. The provider and person in charge were currently recruiting for a clinical nurse manager, and there had been some staff turnover since the last inspection but this was not significant. There was no regular use of agency staff in the centre. Relief and bank staff were all employed directly by the organisation. The centre did not have volunteer staff presently.

Formal staff appraisals were not being carried out. However, adequate clinical supervision was found to be in place and a training plan based on learning relating to resident needs was in place. Inspectors reviewed the planned training programme for 2016. The person in charge had completed a training needs assessment for mandatory and other relevant training for staff in the organisation which was supported by the provider. The provider ensured that all staff access to and completed training in all mandatory areas. The records confirmed all staff had completed up-to-date mandatory training in areas such as fire safety and prevention of abuse. In addition, staff had completed refresher training in medication management and moving and handling training.

There was a range of other training completed by staff based on the needs of the residents and the operation of the centre. The person in charge and all senior care workers had received training in dementia care, care planning, risk assessment and end-

of-life care. In addition, staff had received training in challenging behaviour, dementia awareness, and communicating with people with dementia. Other training completed by staff included sensory awareness training, infection control, and continence care training.

There were systems in place to regularly meet to review care practices in the centre and meet staff. The provider held clinical governance meetings with the person in charge and clinical nurse adviser on a monthly basis where residents' health care needs were discussed. This ensured all residents were reviewed to ensure there was appropriate staffing to meet their assessed needs.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantially compliant.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The purpose built premises consisted of 33 beds over three floors. Eight of the more independent residents are located on the third floor. Eight en-suite rooms are located on the first floor, with a further 10 residents on the second floor. The building was appeared clean, tidy and in a good state of internal and external repair.

The layout of the centre was in line with the statement of purpose and was suitable to meet the needs and promote the dignity and independence of all residents. The centre was well lit, heated and ventilated, inspectors noted some areas of gently sloping floor were noted on the second floor. Inspectors observed that the appropriate signage was not consistently in place to guide residents with dementia appropriately around the building particularly for toilet and shower facilities. This aspect was discussed with the provider and person in charge who had been considering options for improving signage and agreed to review this matter.

The centre was very pleasantly decorated in a homely manner. The centre had a large dining room, and a further multi-purpose room with seating and kitchenettes on each level. All dining space was clean and well stocked for making drinks or getting a snack. The dining rooms were appropriately furnished and decorated in a domestic manner and easily identifiable for residents to find. There was a parlour where Sonas was practiced four times a week and other smaller private living rooms at the centre. The multi-

purpose room was used as a central point by many residents' during the day to sit in, read the paper, chat and take part in any communal activities.

There were an adequate number of assisted toilets and bath/shower rooms and most bedrooms had private facilities. These were spacious, decorated appropriately and provided with a call bell. Bath or shower rooms were accessible to those without private facilities and may be locked from the inside and were spacious enough to accommodate a wheelchair user. The bedrooms were decorated so as to be personal and individualised to each resident, and had an adequate amount of storage for clothes and personal belongings, including lockable space for valuables. There was assistive equipment used in the centre, for example, hoists and wheelchairs.

The provider ensured the centre was free from the risk of accidents. The corridors were fitted with grab rails and all floors were free of trip hazards. There were suitable and secure outdoor areas in the form of a sensory garden, with a seating area that was used by residents, and large landscaped grounds. The centre is over three storeys, and a basement service area, and lifts were provided to move between the floors. The bedrooms, communal bathrooms, sitting and dining rooms were equipped with working call bells.

The centre had well equipped and maintained kitchen and laundry facilities. Inspectors reviewed records of regular servicing, and checks of assistive equipment, water thermostatic controls, lifts, call bells.

The person in charge confirmed that plans were in place to put in place an additional safe and secure garden area in the grounds.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as substantial compliance.

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:

Leone Ewings
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Joseph's Nursing Home
Centre ID:	OSV-0000176
Date of inspection:	04/03/2016
Date of response:	06/04/2016

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: Suitable Staffing

Theme:

Workforce

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

Staffing arrangements and deployment at mealtimes requires review to ensure all residents receive appropriate assistance.

1. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

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

Staffing arrangement and deployment have been reviewed. Breaks have been arranged so that Staff are all present for Residents at mealtime.

Proposed Timescale: 10/05/2016

Outcome 06: 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 signage in place did not fully guide those with a cognitive difficulty to find their way around the building safely.

2. 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:

Appropriate signages have been ordered and should be in place in the proposed timescale.

Proposed Timescale: 30/05/2016