

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Community Hospital
Centre ID:	OSV-0000575
Centre address:	Millstreet, Cork.
Telephone number:	029 70003
Email address:	patrick.ryan1@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	John Greaney
Support inspector(s):	Caroline Connelly; Michelle O'Connor
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	3

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: 26 January 2016 09:00 To: 26 January 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 03: Information for residents	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

St. Joseph's Community Hospital, Millstreet comprises 26 beds and is situated on the outskirts of the town. It is a two-storey premises, however, all residents accommodation is on the ground floor.

The most recent inspection of this centre was undertaken in March 2015 and was a registration renewal inspection. Following that inspection a decision was taken by the Chief Inspector to refuse the registration renewal application and a Notice of Proposal was issue to that effect. Prior to the date of this inspection, a suitable plan was not submitted by the provider to address the significant limitations of the

premises.

This was a follow-up inspection and primarily focused on assessing the implementation of the action plan submitted following the registration renewal inspection. During the inspection, inspectors met with a number of residents, relatives, and staff members. Inspectors observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Similar to the last inspection, inspectors found that residents received care to a good standard. A number of the actions were addressed satisfactorily, such as the refurbishment of what was previously the designated male toilets, the repair of the fabric on chairs in the conservatory and the designation of a sitting room as a dining room. However, significant improvements were still required. The most significant finding related to the lack of privacy and dignity afforded to residents, which was predominantly related to the poor design and layout of the premises.

Bedroom accommodation comprised two 11-bedded dormitories, a twin bedroom and two single bedrooms. The beds in the dormitories were very close together and did not support residents' privacy and dignity. In addition to the close proximity of beds to each other, there was inadequate screening between beds that compromised the privacy and dignity of residents during care provision and when residents were using portable toilet facilities. Due to the inadequate space between beds staff were required to move the adjacent bed out of the way in order to assist residents into or out of bed. At night time this maneuvering of beds would result in significant disturbance to residents trying to sleep.

In addition to unsuitable sleeping accommodation, communal and dining space was also unsuitable. For example one of the sitting rooms could only be accessed by going through the male dormitory resulting in it being used as a thoroughfare by visitors and staff while some residents remained in their beds. There was also inadequate storage space, including suitable storage for residents' personal belongings and storage for equipment.

Additional required improvements included:

- governance and management
- review of quality and safety of care
- statement of purpose
- policies and procedures
- staff training
- risk management policy and practices
- emergency plan
- medication management
- notifications
- records management

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The Statement of Purpose made available to inspectors on a previous inspection, carried out 04 March 2015, did not adequately outline the centre's complaints procedure or visiting arrangements. The Statement of Purpose also made reference to a palliative care bed, however, on the days of inspection inspectors observed an end-of-life resident being cared for in a multi-occupancy bedroom.

The revised Statement of Purpose contained more information in relation to the making, handling and investigation of complaints about any aspect of service, care or treatment provided. However, the complaints officer named in the document no longer worked in the centre. Visiting arrangements were described and these were in line with HSE National Visiting Guidance. There were no residents at end-of-life in the centre on the day of this inspection, however, the person in charge stated that, insofar as possible, residents at end-of-life are facilitated with a single room but this may not always be possible.

The Statement of Purpose also stated that there was a laundry on-site, however, this facility closed in 2015. Arrangements for the management of the centre, in the absence of the person in charge, was not addressed, but other information required under Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was included in the Statement of Purpose.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection the person in charge was in the process of working out her notice and was not available in the centre on the days of inspection. The clinical nurse manager (CNM) had assumed the role of person in charge. On this inspection the clinical nurse manager was now the full time person in charge and a new CNM had been appointed. There was a clearly defined reporting relationship, whereby the person in charge reported to a general manager, who was the provider nominee. The provider nominee was also the provider nominee for 16 other HSE centres and also for a designated centre leased by a private provider. The person in charge stated that she met with the provider every two months in conjunction with the persons in charge of all the other HSE centres. She also held informal meetings at the end of project team meetings that were held monthly for the past three months to discuss the redevelopment of the hospital. Minutes of these meetings were not recorded.

The person in charge was supported in her role by a CNM, who worked from Monday to Friday. The person in charge and the CNM were both supernumerary and were not listed on the staff roster. While there was a clearly defined reporting relationship, based on discussions with the person in charge and the CNM, inspectors were not satisfied that there were clear lines of authority and accountability for the management of the service. The person in charge role was predominantly administrative, for example, arranging staff rosters and staff training and the CNM was responsible for clinical supervision. It was not clear, however, who was responsible for monitoring the quality and safety of care.

At the last inspection it was identified that only a small number of audits had been completed and there was insufficient evidence that an audit of accidents and incidents contributed to a quality improvement process. On this inspection it was also found that a small number of audits had been completed. There was evidence of an improved audit of accidents and incidents that categorised incidents by type, such as falls, skin tears, medication errors and whether it involved a staff member or a resident. The incidents were also categorised by the time of day they occurred. There was, however, no associated action plan identifying learning, if any, from the incidents or improvements to be made based on the learning.

An audit of care plans identified deficits in recording residents' personal details and in updating residents' care plans. There was an associated action plan that could be

enhanced through the identification of who was responsible for implementing the action plan and a date by when it should be completed. A medication audit focused predominantly on the quality of prescriptions but did not address the management of medications, even though deficits had been identified at the previous inspection. These deficits were also present on this inspection and are discussed in detail under Outcome 09.

The person in charge had commenced developing an annual review of the quality and safety of care, however, this was in draft and only addressed the first six months of 2015.

Consistent with findings of the last inspection, inspectors were not satisfied that there was a comprehensive system in place to review the quality and safety of care on an annual basis, as required by the regulations or that there were adequate management systems to effectively monitor the service to ensure it was safe.

Judgment:
Non Compliant - Major

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

Theme:
Governance, Leadership and Management

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

Findings:
The recommendations from the last inspection to clearly set out the fees being charged or arrangements under the Nursing Home Support Scheme, as required under Regulation 24 (2) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, had been implemented. Fees for additional services, such as hairdressing and chiropody were also outlined and residents were invoiced on a quarterly basis.

A guide to the centre was available and easily accessible to all residents. It contained all information required under Regulation 20. However, the person in charge details were not current and information in relation to an on-site laundry service was also out-of-date.

Judgment:
Substantially Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous in inspection it was found that policies and procedures were not readily available or easily accessible. On this inspection, even though some changes had been made to the filing system, policies and procedures continued to be inaccessible. For example, on the day of inspection a number of policies were only available electronically and were printed out for inspectors to view. Computers were not available downstairs in the nurses office, so therefore these policies were not available for staff.

As the already discussed under relevant outcomes, the complaints policy was not centre-specific and the emergency plan did not adequately address emergencies such as loss of power and loss of water supply. Additionally, the visitors policy had a number of handwritten corrections that required to be incorporated into the official policy.

Judgment:

Substantially 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):

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

Findings:

There was a policy and procedure in place in relation to safeguarding vulnerable adults at risk of abuse. Findings from the previous inspection indicated that not all staff had received up-to-date training on recognising and responding to allegations of abuse. On this inspection, records viewed by inspectors indicated that all staff had received up-to-date training on the procedures for the prevention, detection and response to abuse. Where concerns had been expressed by a staff member in relation to safeguarding practices, there was evidence of an adequate response by management. Residents spoken with by inspectors stated that they felt safe in the centre.

Findings from the previous inspection included inadequate assessments of the risk posed by the use of restraint, inadequate exploration of alternatives to restraint and the absence of consent, where relevant. On this inspection it was found that the only form of restraint in use was a small number of residents with bedrails; one resident at risk of absconding wore an electronic bracelet that automatically locked doors should he/she attempt to leave; and the periodic use of chemical restraint. A new risk assessment tool was adopted and seen to be used appropriately. Alternatives to the use of restraint were explored and there was evidence of the use of low low beds for residents for which bedrails were deemed unsuitable and also there was evidence of the use of movement alarms for residents at risk of falling. Where relevant, residents had signed consent for the use of restraint.

Judgment:

Compliant

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):

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

Findings:

The centre had a health and safety statement which was updated in 2015. The risk management policy had been reviewed since the last inspection and now addressed all of the items specified in the regulations. An emergency plan was not available to inspectors at the last inspection. This was now available in the centre. Improvements, however, were required in the plan as, even though it addressed emergencies such as fire and the safe placement of residents in the event of a prolonged evacuation, it did not identify what to do in the event of other emergencies, for example loss of power or loss of water.

The risk register had been updated since the last inspection and risks identified by

inspectors during that inspection were now included in the register. For example the risk register now addressed risks such as:

- the risk posed by access to stairs that were protected by a stair guard. The stair guard was now alarmed
- access to an unsecured outside patio area
- risk of falls
- the absence of a dedicated catering toilet.

Additional risks that had been identified at the last inspection that were addressed in the interim, included:

- electric heaters that posed a risk of burning to residents were not observed to be present in the centre on this inspection
- exposed piping in the toilet/shower area had been remedied
- latex gloves were stored in a more appropriate manner.

Alcohol hand gels were observed in appropriate locations and staff were observed wearing personal protective equipment when attending to personal care or housekeeping. The centre was seen to be clean throughout. Issues identified for improvement at the last inspection in relation to infection prevention and control and were satisfactorily addressed on this inspection, included:

- the shower/toilet area that had damaged wall tile was now refurbished to an acceptable standard
- bins for the safe disposal of used paper towels were in place under all wash hand basins
- dampness in one of the sluice rooms had been satisfactorily addressed
- the laundry that contained an open drain with green residue was decommissioned and all laundry was done by an external provider.

Issues identified at the last inspection in relation to infection prevention and control that were not satisfactorily addressed, included:

- a wash hand basin in one sluice room was obstructed by chairs
- cleaning trolleys were stored inappropriately in the sluice rooms.

Fire equipment had been serviced and records of daily checks of the fire equipment were in place. Records of fire training and bi-annual fire drills were in place and all staff had received up-to-date fire safety training. A fire exit that had been repeatedly obstructed at the last inspection was free from obstruction on this inspection. Emergency exits were no longer key operated and were now controlled by thumb locks.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Findings from the last inspection included an excess supply of medications that had been dispensed for residents but were no longer required, had not been returned to the pharmacy. Liquids and creams were opened but did not have an opening date which would identify when they should be discarded. One bottle of liquid medication did not have an expiry date.

On this inspection these issues remained outstanding and had not been satisfactorily addressed. For example, there was a large stock on antibiotics, however, there was no system in place to monitor stock levels or to ensure they had not passed their expiry date. Some liquid medications, such as eye drops, were opened and did not have an opening date recorded. Inspectors noted that there was an unopened sterile dressing that had passed its expiry date.

Staff members spoken with by inspectors were not clear on the process for managing medications that were unused following the death of a resident. Inspectors were given conflicting information in relation to the disposal of these medications by either returning them to the deceased residents' family or returning them to the pharmacy.

As already discussed under Outcome 2, a medication audit focused primarily on the quality of prescriptions but did not comprehensively address the management of medications in the centre or administration practice. A sample of prescription sheets reviewed by inspectors contained all the appropriate information, including the maximum dosage for PRN (as required) medications. Medications were no longer disposed of in sharps bins.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the last inspection it was identified that not all notifications were submitted as required by regulations. A review of records on this inspection indicated that notifications had been submitted. However, while quarterly notifications included the use of restraint such as bedrails, incidents where chemical restraint was used were not included in the returns.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Residents had good access to general practitioner (GP) services, including out-of-hours, and there was evidence of regular review. There was evidence of good access to allied health/specialist services such as dietetics, speech and language therapy and physiotherapy and there was evidence of referral and review.

Nursing notes indicated that nursing care was provided to a good standard. Residents were comprehensively assessed on admission and at regular intervals thereafter. At the last inspection it was identified that care plans did not always address issues identified on assessment. Additionally, it was found that care plans did not always incorporate the advice received from allied health services, such as speech and language therapy, following review. On this inspection it was found that, based on a sample of care plans reviewed, care plans were personalised, addressed issues identified on inspection and incorporated the advice of allied health services, where relevant.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,

conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

St Joseph's Community Hospital is a two-storey building located approximately one kilometre from Millstreet, Co. Cork and is registered to accommodate 26 residents. All residents' bedroom accommodation, communal rooms and sanitary facilities are on the ground floor and the second floor is used for administration offices, records, linen store, a clinical store, housekeeping stores and storage of residents' personal property. Access to the centre is via a long tree-lined avenue. The main entrance door leads directly to a conservatory, which contained comfortable seating. This room was also used by relatives to meet with residents.

At the last inspection seating covers on the chairs in the conservatory were worn and damaged and would be difficult to clean. On this inspection this issue had been rectified and all seating in the conservatory was in a good state of repair.

The general layout and design of the centre had not changed significantly since the last inspection. Bedroom accommodation comprised two eleven-bedded rooms, two single bedrooms, and one twin-bedded room. The beds in the 11-bedded rooms were very close together and did not afford residents adequate privacy and dignity. There were overhead hoists in these rooms. Screening between the beds was provided by accordion like screens attached to the wall and there were also fabric curtains around some of the beds. There were also some portable screens available.

When the curtains/screens were closed they did not provide adequate room for staff to manoeuvre when providing care and did not always protect residents privacy and dignity. For example, as will be further discussed under Outcome 16, inspectors observed one resident being assisted to use a commode at her bedside in an 11 bedded unit. Even though nurses used portable screens and the curtains were drawn, the resident was still visible to other residents, staff and visitors while she was using the commode. In addition the resident was positioned in very close proximity to the resident in the next bed with only a fabric curtain separating them. Inspectors were not satisfied that this supported the privacy and dignity of the resident using the commode and significantly impacted on the dignity of the resident in the next bed.

The proximity of beds to each other did not afford staff adequate space to manoeuvre residents that required assistance either getting into or out of bed or during the provision of personal hygiene. Inspectors observed that staff had to move the adjacent bed out of the way in order to have room to manoeuvre. While there was no resident in

the next bed in this instance, this would not be the case at night time when all residents would be in bed. It would not be possible to provide care without disturbing the residents in the adjacent beds and at the same time protect the privacy and dignity of all residents.

There was inadequate space for residents to store personal belongings. Some, but not all, residents had bedside lockers. A set of cupboards, located in the eleven-bedded wards, housed residents' clothing that could be folded flat, however, there was no facility for residents to hang their clothes near their bedside or even in the bedroom. This facility was available on the second floor but was not accessible by residents. The twin bedroom contained a small wardrobe with only sufficient space for one resident to hang a small amount of clothes. There was insufficient space for a bedside chair for residents' use in both eleven-bedded wards.

Some changes had been made in relation to the function of communal rooms. Previously, in addition to the conservatory located at the entrance, a male sitting room and a female sitting room served as communal space for residents. On this inspection the female sitting room was now the designated dining room and the male sitting room was designated as a sitting room for both male and female residents. This sitting room, however, could only be accessed by walking through the 11 bedded male dormitory, which did not support the privacy and dignity of residents in bed. In addition, the designated dining room could only accommodate a small number of residents and was also used to store spare furniture/wheelchairs

Significant improvements had been made to what was previously the designated male sanitary facilities since the last inspection and this area had been refurbished to an acceptable standard. Two small toilet cubicles had been replaced with one large accessible toilet with a lockable door. There was also a bathroom with an assisted bath, toilet and wash hand basin in this area. Both male and female residents were seen to avail of these facilities. The area that was previously the designated female sanitary facilities, however, remained unchanged. There were two small toilet cubicles, one of which had a double door that could be locked but even when the doors were closed it was still possible to view inside the cubicle from the outside. The second cubicle had a sliding door that could not be closed completely and did not have a lock. There was a bathroom in this area that contained a toilet, wash hand basin and assisted shower.

Works had been carried out on the twin bedroom to correct dampness that had been evident on walls at the last inspection and there was no evidence of dampness on this inspection. Improvements were also made to sluicing facilities and there was no evidence of dampness on walls or of damaged wall tiles on this inspection. However, cleaning carts were stored in sluice rooms, which did not comply with infection prevention and control standards and posed a risk of cross contamination.

The laundry had been decommissioned since the last inspection and all personal clothing and bed linen were now laundered by an external provider.

On this inspection, there were no residents at end-of-life, however, inspectors were informed that should a resident approach end-of-life they would be facilitated with a private room, if available. However, a single room was not always available.

Overall, in relation to the premises the inspectors found a number of deficits, including:

- there was unsuitable bedroom accommodation for residents
- there was inadequate communal space, including dining facilities, for residents
- there was inadequate sanitary facilities
- there was inadequate space for residents to store personal belongings
- there was inadequate storage space for equipment.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

The issues identified for improvement at the last inspection included that the notice on display did not adequately outline the complaints process, records of complaints did not detail whether or not the complainant was satisfied with the outcome of the complaint, and it was not always evident that actions were taken in response to complaints. On this inspection it was found that these issues were addressed.

The complaints process on display adequately outlined the process for managing complaints in the centre and included an appeals process. Based on a review of a sample of complaints there was evidence of action in response to complaints, and it was recorded whether or not the complainant was satisfied with the outcome of the complaints process.

There was a policy in place for the management of complaints, however, it was not centre specific, as it made reference to HSE West and it did not adequately outline the appeals process.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

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

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: At the last inspection it was identified that a resident at end-of-life was being cared for in the 11-bedded dormitory, a practice that did not support the privacy and dignity of the resident. On this inspection, there were no residents at end-of-life, however, inspectors were informed that should a resident approach end-of-life they would be facilitated with a private room, if available. However, a single room was not always available.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 16: Residents' Rights, Dignity and Consultation</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Findings from the most recent inspection identified that residents could not undertake personal activities in private due to the poor design and layout of the centre. Other required improvements included that visiting times were restricted and action plans had not been developed in response to issues raised at residents' meeting.</p> <p>On this inspection it was found that an open visiting policy was now in place, except at mealtimes, unless family members were assisting the resident with their meal. This was documented in the Statement of Purpose, residents' guide and was evident in a visitors' notice at the entrance to the centre. Visitors were asked to be mindful of the privacy of other residents, mealtimes and staff duties.</p> <p>Residents' meetings had been facilitated by an advocacy group but this practice was</p>

discontinued during 2015. Ongoing efforts were being made to source an alternative external facilitator. In the interim, effective consultation with residents about how the centre was run had not taken place. For example, the last recorded minutes of residents meetings was in February 2015. This also impacted on the availability of activities and residents were seen to be sitting around for long periods with minimal stimulation.

In relation to the impact of the design and layout of the premises on the privacy and dignity of residents, there were no noticeable improvements. As already stated under Outcome 12, residents were predominantly accommodated in two 11-bedded dormitories where the beds were very close together and it was not possible to protect the privacy and dignity of residents. As already outlined under Outcome 12, residents privacy and dignity was not at all times protected during the provision of personal care, predominantly due to deficits in the premises.

In addition to the close proximity of beds, there was inadequate screening between beds and on the day of inspection, one bed in the male dormitory did not have any fixed screening. Some toilet doors could not be closed properly or locked.

Judgment:
Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Findings on the last inspection included inadequate suitable storage space for residents personal clothing and residents' clothes were lost on a regular basis.

On this inspection there was no evidence of improvement in relation to the storage of residents clothes. As already stated under Outcome 12, residents did not have wardrobes and there was no hanging space for clothes in the residents' clothes storage press in the dormitories. These presses were not accessible for residents as they were not located near the residents bed.

A review of complaints records indicated that losing residents clothes continued to be an issue, however, staff reported that this was much less frequent and was often due the fact that laundering process had not been completed at the time of the complaint.

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):

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

Findings:

Required improvements from the last inspection included a review of staffing levels, in particular between 22:00hrs to 08:00hrs when there was one staff nurse and one multi-task attendant on duty. The provider nominee and PIC were asked to keep staffing levels under review on an ongoing basis so as to ensure that the staffing levels and skill mix were at all times appropriate to the assessed needs of the residents and the size and layout of the centre.

The PIC was also asked at the last inspection to review the process of staff supervision to ensure there is an adequate system in place for performance management.

Inspectors were informed that there were no performance management issues currently.

A sample of staff files reviewed identified that the requirements of Schedule 2 of the regulations were met for most, but not all, staff. Of a sample of five staff files reviewed, one did not contain evidence of the person's identity. This was also a finding at the last inspection. This action is addressed under Outcome 5.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Joseph's Community Hospital
Centre ID:	OSV-0000575
Date of inspection:	26/01/2016
Date of response:	15/03/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not comply with Schedule 1 of the regulations as it:

- did not identify the arrangements for the management of the centre in the absence of the person in charge
- did not accurately identify the complaints officer
- referred to laundry facilities that are no longer operational.

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

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose is now compliant with schedule 1 of the regulations. It contains arrangements for the management of the centre in the absence of the person in charge, clearly identifies the complaints office and updated the information on the Laundry service. A copy of the statement of purpose is attached.

Proposed Timescale: 02/02/2016

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

While there was a clearly defined reporting relationship there were not clear lines of authority and accountability for the management of the centre with defined responsibilities for each member of the management team.

2. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The current Acting Director of Nursing is stepping down to Clinical Nurse Manager two with effect from February 24th 2016 and a new Director of Nursing, is stepping in. They will have overall responsibility for the management of Millstreet Hospital. The lines of authority are as per the attached statement of purpose.

A NF 31 form will be forwarded to HIQA by March 9th 2016.

Proposed Timescale: 24/02/2016

Theme:

Governance, Leadership and Management

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

There was an inadequate process of audit to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- there was an inadequate range of audits completed focusing on high-risk areas

- the medication management audit did not focus sufficiently on the management of medications in the centre, including ordering, supply, storage and administration of medicines
- action plans resulting from audits did not always clearly specify the actions to be taken, by whom or by what date.

3. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The HSE has made arrangements for an external clinical review of care provided from Millstreet Hospital. This is designed to complement the information available from HIQA inspections and to assist the Director of Nursing/Person in Charge and General Manager/Provider Nominee in ensuring that any required improvements are put in place in a timely manner.

The Clinical Review Team will be lead by a person with nursing experience and will include a consultant geriatrician, risk manager and person with experience of regulatory inspections. It is expected that the review will be completed by February 19th. A report on the clinical review will be furnished to HIQA on March 14th 2016.

Proposed Timescale: 14/03/2016

Theme:

Governance, Leadership and Management

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

An annual review had commenced but was not yet completed.

4. Action Required:

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

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

The annual review will be completed by the newly appointed Director of Nursing and will be forwarded to HIQA.

Proposed Timescale: 31/03/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The residents guide required review as the person in charge details were not current and information in relation to an on-site laundry service was also out of date.

5. Action Required:

Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

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

A new resident's guide has been written and is available to all residents. Copy attached

Proposed Timescale: 22/02/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Even though some changes had made to the filing system, policies and procedures continued to be inaccessible. For example, on the day of inspection a number of policies were only available electronically and were printed out for inspectors to view. Computers were not available downstairs in the nurses office, so therefore these policies were not available for staff.

6. Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All policies are now available in written format in the Nurses office for all staff to access.

Proposed Timescale: 22/02/2016

Theme:

Governance, Leadership and Management

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

The complaints policy was not centre-specific and the emergency plan did not adequately address emergencies such as loss of power and loss of water supply. Additionally, the visitors policy had a number of handwritten corrections that required to be incorporated into the official policy.

7. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

A review of all policies referred to in regulation (4)1 is in progress. The Complaints policy (copy attached) has been updated and is now centre-specific. A copy of the updated emergency policy is attached. A copy of the visitors policy is attached.

Proposed Timescale: 22/02/2016

Theme:

Governance, Leadership and Management

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

One staff file did not contain evidence of the person's identity. This was also a finding at the last inspection.

8. Action Required:

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

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

All staff files have been reviewed and all records as set out in schedule 2, 3 & 4 are in the staff files. A photograph of the staff member that was missing on the day of inspection has been added to their file.

Proposed Timescale: 29/01/2016

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 emergency plan addressed emergencies such as fire and the safe placement of residents in the event of a prolonged evacuation, however, it did not identify what to do in the event of other emergencies, for example loss of power or loss of water.

9. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for

responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

The emergency plan has been reviewed to address emergencies such as loss of power, loss of water, major incidents likely to cause death or injury, serious disruption to essential services or damage to property. A copy of the emergency plan is attached.

Proposed Timescale: 09/02/2016

Theme:

Safe care and support

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

Issues identified at the last inspection in relation to infection prevention and control that were not satisfactorily addressed, included:

- a wash hand basin in one sluice room was obstructed by chairs
- cleaning trolleys were stored inappropriately in the sluice rooms.

10. 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:

The issue of storage space for equipment will be addressed in the plans as outlined to the Authority at our meeting on February 12th 2016. Until this is complete all chairs will be appropriately placed as not to cause obstruction and cleaning trolley will be cleared of cleaning equipment which will be stored in a locked press and the trolley will be stored in staff room.

This will be monitored by the new Director of Nursing.

Proposed Timescale: 26/01/2016

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:

Improvements were required in relation to medication management, including:

- there was a large stock on antibiotics, however, there was no system in place to monitor stock levels or to ensure they had not passed their expiry date
- some liquid medications, such as eye drops, were opened and did not have an

opening date recorded

- there was an unopened sterile dressing that had passed its expiry date
- staff members were unsure as to the process for managing unused medications for residents that had deceased.

11. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

A system has been put in place where the expiry date on all medications is checked every Wednesday. The expiry date of medications is recorded for each medication and signed for by two members of the Nursing staff. When a medication is expired it will be removed from the storage press, stored in another part of the storage press dedicated to expired medicines from where it will be returned in a sealed container to the local pharmacy. All liquid medications will be dated when opened. This will be checked daily by the person in charge. An education program for staff on how to manage the process for dealing with out of date medicines will be initiated by the new person in charge.

Proposed Timescale: 25/03/2016

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:

While quarterly notifications included the use of restraint, incidents where chemical restraint was used were not included in the returns.

12. 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:

A written report will be submitted to the chief inspector at the end of quarter one 2016. This report will include all occurrences of incidents as set out in paragraph 7(2) (k) to (n) of Schedule 4

Proposed Timescale: 31/03/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Overall, in relation to the premises the inspectors found a number of deficits, including:

- there was unsuitable bedroom accommodation for residents
- there was inadequate communal space, including dining facilities, for residents
- there was inadequate sanitary facilities
- there was inadequate space for residents to store personal belongings
- there was inadequate storage space for equipment.

13. Action Required:

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

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

The inclusion and prioritisation of St Joseph's Community Hospital Millstreet in the HSE Capital Plan. A major redevelopment of the Hospital will be completed by the end of 2018.

Reduction in patient numbers from 26 to 21 with effect from March 7th 2016. This will be achieved through putting in place alternative arrangements for short stay accommodation.

Immediate interim improvements to the infrastructure to improve patient's privacy and dignity. This will reduce patient numbers in the large wards from 11 to 7 and provide new sanitary facilities on the female wing of the hospital.

Proposed Timescale: 31/12/2018

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:

There was a policy in place for the management of complaints, however, it was not centre specific, as it made reference to HSE West and it did not adequately outline the appeals process.

14. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints policy has been renewed and a copy is attached.

Proposed Timescale: 16/02/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Inspectors were informed that should a resident approach end-of-life they would be facilitated with a private room, if available. However, a single room was not always available.

15. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

With affect from March 7th a single room will be dedicated for residents approaching end of life care.

Proposed Timescale: 07/03/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents privacy and dignity were compromised, for example:

- inspectors observed one resident being assisted to use a commode at her bedside in an 11 bedded unit. Even though nurses used portable screens and the curtains were drawn, the resident was still visible to other residents, staff and visitors
- a resident using portable toilet facilities was positioned in close proximity to the resident in the next bed with only a fabric curtain between them
- there were not privacy screens around all beds
- beds were very close together which would result in disturbing residents while they were trying to sleep in order to provide personal care to residents in adjacent beds
- toilet facilities did not provide adequate privacy
- it was necessary to walk through the male dormitory to access one of the sitting

rooms.

16. 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:

There will be a reduction in patient numbers from 26 to 21/22 with effect from March 7th 2016. This will be achieved through putting in place alternative arrangements for short stay accommodation. This will allow us to reduce the occupancy in the 11 bed female ward to 9 from March 7th 2016.

Immediate interim improvements to the infrastructure to improve patient's privacy and dignity will be completed by the end quarter two 2016. This will reduce patient numbers in the large wards from 11 to 7 and provide new sanitary facilities on the female wing of the Hospital.

Work practices are under constant review to ensure that residents privacy and dignity is preserved by assessing the workload each morning and helping residents to use the bathroom where possible, moving empty beds as residents get up to create more space for dependent residents. This work practice will be monitored and staff educated regarding privacy and dignity issues by the new incoming Director of Nursing.

Proposed Timescale: 30/06/2016

Theme:

Person-centred care and support

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

Effective consultation with residents about how the centre was run had not taken place.

17. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

All residents will be consulted through the residents committee. The resident's committee meetings will re-commence at the beginning of March 2016.

Proposed Timescale: 01/03/2016

Theme:

Person-centred care and support

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

There was an inadequate programme of activities available to residents.

18. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A new activities program will be put in place by the new incoming Director of Nursing and will be in place by March 31st 2016.

Proposed Timescale: 31/03/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Residents did not have wardrobes and there was no hanging space for clothes in the residents' clothes storage press in the dormitories. These presses were not accessible for residents as they were not located near the residents bed.

19. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

There will be a reduction in patient numbers from 26 to 21/22 with effect from March 7th 2016. This will be achieved through putting in place alternative arrangements for short stay accommodation. This will allow us to reduce the occupancy in the 11 bed female ward to 9 from March 7th 2016 and we will then be able to provide more space for resident`s clothes in their own room through the purchase of wardrobes.

Immediate interim improvements to the infrastructure to improve patient's privacy and dignity will be completed by the end quarter two 2016. This will reduce patient numbers in the large wards from 11 to 7 and allow us to provide more space to store resident's belongings near their bed.

Proposed Timescale: 30/06/2016