

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Centre
Centre ID:	OSV-0000102
Centre address:	Crinken Lane, Shankill, Co. Dublin.
Telephone number:	01 282 3000
Email address:	stjosephs@sjog.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Saint John of God Hospital Limited
Provider Nominee:	Emma Balmaine
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	9

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
23 May 2016 09:00	23 May 2016 19:00
24 May 2016 08:00	24 May 2016 16:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of

the centre were also sought.

Information in the form of notifications and other information brought to the attention of the Authority were also considered as part of the inspection process.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider were previously determined through a fit person process and demonstrated knowledge 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 throughout the inspection process.

A small number of relatives questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, they were very complimentary on the manner in which staff delivered care to them commenting on their patience, good humour and respectful attitude.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to medical officers and consultant geriatrician services within the centre. Access to allied health professionals such as physiotherapy, speech and language therapists and to community health services were also available.

However, improvements were found to be required including risk management and the assessment, planning and recording of care.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose. The senior management team included the provider, the person in charge and the HR and operations director of the organisation. Both the provider and PIC were in regular contact and met on an

informal basis

The systems in place to monitor care included a monthly quality management meeting attended by the senior management team. The meetings reviewed findings of audits carried out on aspects of care and services, both clinical and non clinical. Examples of audits included; medication management; slips/trips and falls; restraint and nutrition; maintenance of premises and health and safety.

Learning from incidents resulting in consequences for residents were discussed and measures to reduce or prevent recurrences, and improve systems identified. Although it was not always documented that these actions or measures were implemented or reviewed to determine effectiveness.

The person in charge (PIC) was a registered nurse with the relevant experience as required by the regulations and worked full-time in the centre. She was supported in her role by two clinical nurse managers (CNMs) who deputised in her absence. The provider worked full time within the company and supports the person in charge. Through the inspection process, all demonstrated satisfactory knowledge of their role and responsibilities and sufficient experience and knowledge as required by the legislation.

An annual review of the safety and quality of care was conducted and a report on the review was available. The report was detailed and identified the key performance indicators such as; staff recruitment, retention and training; complaints analysis and service developments. Other quality care indicators were referenced to establish the standard of and safety and quality of service being delivered.

Judgment:
Compliant

Outcome 03: Information for residents

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.

This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed. A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies.

Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, detail's of staff on duty and contact details for advocacy services.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The centre was managed by a suitably qualified and experienced nurse. The person in charge held authority, accountability and responsibility for the provision of the service and also had the qualifications and experience required by the legislation

Throughout a recent inspection process there was evidence that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated this inspection process through preparing documents for review.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

It was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations.

It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspectors reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

To date, notification of a proposed absence of the person in charge has not occurred, however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place.

The fitness of the CNM's to replace the person in charge in the event of her absence was determined through interview and observation during the inspection and were found to have sufficient experience and knowledge as required by the legislation.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. The use of bed rails and lap belts was reduced. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low -low beds was being established.

Some evidence of alternatives considered or trialled was available although this was not always included or referenced in the assessments or in associated care plans.

Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

It was noted that the centre policy on prevention of elder abuse was updated to reflect the most recent HSE guidance on safeguarding vulnerable adults.

Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

The inspectors reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded. But it was noted that some improvements to procedures were required to ensure transparency and security. The systems did not fully reflect guidance available to provider's on the HIQA website such as separation of monies held for safekeeping in private property accounts and establishing audit processes for these accounts.

This was discussed during the inspection and assurances were given that these systems would be reviewed.

There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and some care plans were updated.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low-low beds mat and bed alarms had increased.

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):

No actions were required from the previous inspection.

Findings:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place externally.

The centre was found to be visibly clean and clutter free.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building and exits were free of obstruction. All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation. Inspectors were told regular fire drills were held which included activation of the fire alarm, identified staff responded by going to the reception desk and checking the fire panel.

All staff were familiar with the principles of horizontal evacuation but inspectors were told that although simulated fire drills were held annually during formal training, practiced fire drills that included simulation of an actual evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets, or the principles of vertical evacuation had not taken place since the completion of the renovations to the building.

There was a policy around responding to emergency and evacuating the centre that identified the location of temporary accommodation for residents. All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and evacuation notes of each resident. But these plans did not include the level of cognitive understanding, need for supervision or level of compliance of each resident in an emergency situation.

Although a policy was in place on the management of a Missing Person's incident, it was found that a specific procedure was not in place to guide staff on how to manage such an incident.

In conversation with them, staff demonstrated a common sense approach. It was noted that a documented formal plan was not in place which identified for example, who

would take charge of the incident, the initial search areas, extending search areas, formation of search parties and the resources available to support a search such as, hi visibility jackets, foil blankets, torch, mobile phones or two way radio handsets. Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks were in place. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated. A risk register was established which was regularly reviewed and updated. Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis. Inspectors observed that staff implemented the principles of current moving & handling guidance when assisting residents to transfer. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. But these systems needed revision to clarify the roles of the cleaning and healthcare staff in relation to the cleaning of some items of equipment such as crash mats.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of blister packed medication. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Inspectors observed nursing staff administering medicines to residents during the

evening administration rounds on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurses took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner. Medication was administered within the timeframes recommended for medications prescribed to residents at specific times.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

Theme:
Safe care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Findings:
Residents had good access to GP and consultant geriatrician services. Regular reviews of residents overall health was found on admission, readmission following return from acute hospital care and as required when clinical deterioration was noted. There was evidence of access to specialist and allied health care services to meet the

care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietician, physiotherapy and speech and language were also available.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had some care plans completed and these were in place for every identified need.

Although in general care plans reflected the care delivered, further improvements were found to be required. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident's health.

A number of core risk assessment tools to evaluate levels of risk for deterioration were in place but some were not fully completed such as restraint assessments.

A strong system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place, but some improvements were needed. Although care plans were checked on a regular basis these checks did not assess the content to make sure they were detailed enough to maintain or improve a resident's health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents' overall health.

Where care plans were in place some were not specific enough to guide staff and manage the needs identified examples included;

- Most care plans in place to manage needs driven behaviours included distraction techniques known to manage behaviours such as restlessness and agitation. The care plans also included other measures staff should use where the distractions were not successful such as medication and in some cases limited physical restraints. But the plans did not fully guide staff on the appropriate phasing of these measures to ensure consistency of approach and that least restrictive options were always chosen. In some cases the recommendations of allied health professionals were not always included in the plans.

Plans in place to guide care on pressure ulcer prevention and nutrition did not always include the full recommendations of allied health professionals, types or frequency of passive exercises, techniques to manage refusal of intake or need for food intake monitoring.

Although it was noted that overall care plans and documentation in general was frequently person centred and updated regularly as needs changed.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The centre consisted of six units with overall capacity for 60 residents.

The centre was recently fully renovated and the layout changed to reflect the Household model of dementia care.

Each unit represents a 'house' and contains similar facilities such as; sitting room; dining room; kitchenette assisted bathrooms nurses office/station and all of the required equipment storage and other facilities to meet residents' needs.

Each unit consisted of the following number of bedrooms;

Kilcorney consisted of two single and three twin bedrooms, only one twin room has a full en-suite.

Glendalough consisted of one twin bedroom and ten single, of which nine have en-suites with wash hand basin and toilet facilities.

Avoca consisted of two single and Delganey consisted of three single bedrooms. Both had three twin bedrooms none have en-suites. A communal bathroom with assisted bath and toilet facility was also available.

Rathmichael consisted of four single bedrooms one with en-suite and three twin none with en-suite.

Carrigeen consisted of five single bedrooms one with full en-suite and three twin none with en-suite.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents with small areas of diversion and interest. There were also a hair salon, oratory space and arts and crafts room.

Residents' bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in resident's bedrooms and communal rooms, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was of a good overall standard.

Maintenance staff were observed on site at the centre. They attended to daily reports from staff and upkeep of the premises.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for valuables. Privacy screening was in place in twin rooms. The centre as a whole was of a suitable layout and design for the residents and was of sound construction and in a good state of

repair.

Although the purpose and function of each room was not yet identified the inspector was assured would be rectified. Appropriate signage and cueing to support freedom of movement for residents with dementia was not yet in place, but the inspector was told that a private consultant was engaged to advise on appropriate way-finding for residents with dementia.

There were accessible small secured external courtyard gardens for each household These were in the process of being planted and developed as an external area of diversion.

Judgment:
Compliant

Outcome 13: Complaints procedures

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:
Compliant

Outcome 14: End of Life Care

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Equipment and facilities for both residents and relatives were available to a good standard to meet all religious and spiritual needs.

A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection.

Access to specialist palliative care services were available when required.

Evidence was available that residents will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.

It was also noted on a small sample of those reviewed that a formal diagnosis of dementia cognitive impairments was always established prior to admission.

Access to psychiatry and psychology consultants via the St John of God psychiatric hospital services was fully available and residents were re assessed to determine their level of capacity for decision making prior to major decisions being taken on issues such as level of medical intervention to be provided in the event of sudden deterioration.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

The dining experience was conducive to conversation. Those residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents. Efforts to cater for diverse tastes and cultures were evident from the menu with dishes representing European, Asian and Traditional Irish cuisine's included.

Most residents took their meals in the dining rooms located in each household and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate

portions on the plate. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the main kitchen and in the kitchenettes on each unit.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water at all times was available, jugs of water were observed in residents' rooms and water dispensers were available.

All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet good humoured and punctuated with lots of smiles. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity.

Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. But it was noted that this system was not fully implemented. The centre's nutritional policies directed staff to monitor the intake of residents identified as being at risk of weight loss or malnutrition. A food diary system was in place to enable the intake be recorded. But it was found that the system of recording intake was not consistent or detailed enough to ensure meaningful analysis of the information to improve health outcomes.

Gaps were noted in several food diaries where there were nothing was recorded for several meals over a number of days. Consistency of approach was found to be required and improved determination of portion sizes in order to be able to accurately assess intake. For example the portion size guidance given to staff for some food elements included uncooked portions for cereals such as porridge and pasta. The portion size for porridge was stated as one third of a cup of uncooked porridge oats. But staff recorded amounts eaten as, full or half bowl. Overall meal size portions for example a large, normal or small meal were not determined although these were referenced on the diet sheets. It was also noted that where residents were receiving oral nutritional supplements the amounts taken were not always recorded on the intake diaries.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every three months where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on past outings and events with suggestions for ideas for improving internal activities and external outings such as going to the National concert hall and the Botanical gardens.

There was a varied activities programme with arts and crafts, bingo and music included. There were also a mix of group and individual sessions including aromatherapy and hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence, imagination gym and sensory stimulation.

Feedback from residents and their relatives on the level of consultation with them and access to meaningful activities was generally positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care.

External outings did not form part of the core activity programme and the inspector learned that residents relied on their families to take them out. The last organised outing took place last summer. Although it is acknowledged that outings are more limited in inclement weather, in conversation with staff it was found that social trips to the shops cinema or for coffee were not regularly or recently facilitated. This was primarily due to a lack of transport. The centre did have a small wheel accessible bus, but the bus required some repairs and was not currently road worthy. Prior to the end of the inspection however, the provider had arranged for an alternative transport provision to address the lack of outings.

Judgment:

Compliant

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

<i>clothes to residents.</i>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were updated. All clothing was labelled for the laundry and new clothes were added to an initial list by staff. Adequate space was provided for residents' personal possessions and it was noted that clothing could be stored in a neat and appropriate manner.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>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.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Agency staff were not used to cover gaps in the roster. It was noted that a bank of relief</p>

staff was in place to maintain consistency of care.

A specific staff allocation system was in place that identified the staff for each area on every floor in the centre. All staff were aware of the system which was implemented in full. The system also identified staff supervision of communal areas throughout the day. Appropriate and sufficient supervision and guidance, auditing of care delivery and implementation of care interventions by the senior management team were in place. But a review of frontline supervision processes following the changes in layout and team working systems could be considered.

A training plan for 2016 was devised. The plan included mandatory and clinical care updates such as pressure ulcer prevention; assessment and care planning dementia care and person centred care.

Staff spoken too told the inspector they had received mandatory training in areas such as fire safety, moving and handling and prevention of elder abuse. In conversations with them and on observation the training provided was noted to be implemented in practice. There was a comprehensive written operational staff recruitment policy in place. The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. These documents and checks were also maintained for volunteers attending the centre. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

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:

Nuala Rafferty
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 Centre
Centre ID:	OSV-0000102
Date of inspection:	23/05/2016
Date of response:	27/06/2016

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: 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:

Records in relation to monitoring of intake were not always fully completed or sufficiently detailed to enable meaningful analysis.

1. 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

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

the Chief Inspector.

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

The recording and monitoring of food intake will be reviewed to ensure meaningful analysis and audited regularly to ensure compliance. This will include a review of portion sizes and how they are recorded.

Proposed Timescale: 31/07/2016

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:

A specific procedure with a documented formal plan was not in place to guide staff on the appropriate management of a Missing Person's incident. Resources available to support a search were not identified.

2. Action Required:

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

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

A complete review and revision of the centre's Missing Person Policy will be undertaken to include the introduction of a robust system outlining the specific procedure to guide staff on how to manage such an incident. This system will identify various factors including who would take charge of the incident, the initial search areas, extending search areas, formation of search parties and the resources available to support a search.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

Systems in place did not ensure staff were fully familiar and competent in all aspects of the procedures to be followed in the event of a fire. Fire drills practiced by staff did not include all of the procedures to be followed including use of evacuation equipment such as evacuation sheets, or the principles of vertical evacuation.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

designated centre and residents are aware of the procedure to be followed in the case of fire.

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

A system will be put in place to ensure that staff are fully familiar and competent in all aspects of the procedures to be followed in the event of a fire. Fire drills will include all of the procedures to be followed including use of evacuation equipment such as evacuation sheets and the principles of vertical evacuation.

Proposed Timescale: 31/07/2016

Theme:

Safe care and support

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

Improvements to the personal evacuation plans in place to ensure the safe evacuation and placement of residents in the event of an emergency were found to be required such as; inclusion of the potential risk of cognitive ability, requirement for supervision and extent or level of compliance staff could expect from each resident.

4. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

All personal evacuation plans will be revised. A new template will be put in place which will give clear guidance to staff to ensure the safe evacuation and placement of residents in the event of an emergency. The template will include the resident's cognitive ability, level of supervision required, the level of compliance that the resident can be expected to give and the equipment that may need to be used.

Proposed Timescale: 31/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

Comprehensive nursing assessments were not fully completed for every identified need

5. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

All Staff Nurses will be re-educated in comprehensive assessment and care planning to ensure that all care plans are specific enough to direct the care to be delivered and guide staff on the appropriate use of interventions to consistently manage the identified need.

A new audit tool will be developed to monitor compliance and ensure that every identified need has a comprehensive assessment carried out and care plan devised.

Proposed Timescale: 30/10/2016

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

6. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A new audit tool will be developed to determine the effectiveness of the care plans to manage the needs identified.

Proposed Timescale: 30/09/2016

Theme:

Effective care and support

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

The documentation of care was not sufficiently accurate or appropriately linked to ensure that a high standard of evidence based nursing care was being provided or give a clear and accurate picture of residents' overall health management.

7. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared

under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All Staff Nurses will be given education on recording and documenting care given including changes in health care plan and recommendations given by other health care professionals e.g. GP, physiotherapist and occupational therapist.

Proposed Timescale: 30/10/2016