

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Joseph's Supported Care Home
<b>Centre ID:</b>	OSV-0000555
<b>Centre address:</b>	Kilmoganny, Kilkenny.
<b>Telephone number:</b>	051 648 091
<b>Email address:</b>	sjhome15@gmail.com
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St. Joseph's Supported Care Home
<b>Provider Nominee:</b>	Nicholas Flavin
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	1

## **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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 announced and took place over 2 day(s).

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

From:	To:
04 July 2017 09:30	04 July 2017 17:30
05 July 2017 09:30	05 July 2017 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, records, incident logs, policies and procedures and staff files.

Interviews were carried out with the person in charge, the nurse who deputises in her absence and the person authorised to act on behalf of the provider.

The inspector also reviewed resident and relative questionnaires submitted to HIQA. In total 7 questionnaires were returned. Questionnaires were positive. Residents were satisfied with the service provided with comments such as 'perfect in every way', 'well maintained' and 'staff always helpful and attentive'. All residents said they felt safe. One relative stated that this was her dad's home. Another relative suggested that some improvement could be made to the activities available for residents.

On the days of inspection residents were keen to show the inspector the activities they were part of. This included making a new seating area in the garden which was then surrounded by flower beds. Residents showed the inspector the flowers they had planted there. One resident said he hopes to plant some vegetables next time. Artwork was also on display around the centre.

The inspector saw that residents were part of the local community and were involved in various activities and sports events. Some discussed plans to go to the 'big match' the following weekend.

St Joseph's Supported Care Home is a 20-bedded centre which provides long-term and respite care for residents who are assessed as having low to medium dependency needs and who require minimal assistance. This centre is a voluntary, supported care home with low dependency residents and does not have nursing staff on duty on a 24 hour basis.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. Actions required from the previous inspection had been addressed.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Fire safety procedures were in place. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

Residents' health needs were met and they had timely access to general practitioner (GP) services including out-of-hours services. Improvement was required to care planning documentation. In addition some staff files reviewed were incomplete.

These are discussed further in the report and included in the action plan at the end.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***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:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. An effective organisational structure was in place with overall governance from a board of members via the nominated provider.

There was a clearly defined management structure in place. An auditing schedule was in place and audits were being completed on several areas such as incidents, medication and infection control measures. The inspector saw that action plans were put in place to address any issues that arose.

An annual review of the quality and safety of care delivered to residents was completed and the inspector saw that this included detailed action plans when required.

Resident and relative satisfaction surveys were also completed on an annual basis. The inspector saw that some suggestions from these had been taken on board. For example some relatives and residents had suggested that healthy snacks should be provided during the day. The inspector saw that fruit and yoghurts were now available along with drinks and other snacks. The person in charge also discussed plans afoot to have a tea making facility available for relatives following suggestions received.

**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:**

The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it too met the requirements of the regulations and was readily available to residents and relatives.

**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 person in charge is a registered nurse with the required experience in nursing older people and worked full time in the centre.

The person in charge had maintained her continuous professional development having previously completed courses in gerontology and supervisory management. She continues to attend courses such as safeguarding and has plans to complete additional training later in the year.

During inspection, the person in charge demonstrated sufficient knowledge to ensure suitable and safe care is provided to residents. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The inspector noted that she was well known to residents, relatives and staff.

**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:**

This outcome was not inspected against. Action required from Outcome 18 is included here.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider was aware of the regulatory requirement to notify HIQA should the person in charge be absent for more than 28 days. To date this had not been necessary.

The nurse deputises for the person in charge in her absence. The inspector met with this person during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. The inspector read training records which confirmed that many residents also attended safeguarding training.

A restraint-free environment was promoted and no restraint measures were in use in the centre at the time of inspection.

Because of their medical conditions, some residents showed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. Staff spoken with were familiar with strategies to use.

The inspector saw evidence of support from the psychiatric services as needed.

The person in charge assisted one resident with their finances. The inspector was satisfied that this was managed in a safe and transparent way. Otherwise, residents managed their own finances. The inspector saw that residents had their own personal lockable space in their bedroom.

**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):**

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

**Findings:**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. The inspector read the risk management policy which met the requirements of the regulations. This had been identified as an area for improvement at the last inspection. The inspector saw that an external consultant had been brought in to assist with updating the risk register and health and safety procedures.

Robust procedures for fire detection and prevention were in place. Servicing records were up to date. All staff had attended fire training. Residents had also attended fire training.

Fire drills were carried out on a regular basis. Emergency evacuation plans were developed for all residents.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies. In addition alternative accommodation for residents was specified should evacuation be required. A pack was available for staff to take with them including phone numbers and detailed plans and keys for the alternative accommodation. Brief resident profiles were also available to bring which included important information such as personal details and medical history and next of kin details.

**Judgment:**

Compliant

***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):**

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

**Findings:**

The inspector was satisfied that each resident was protected by the centre's procedures for medication management.

Previous action required relating to medication management had been addressed. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Improvements required relating to medication to be crushed had been addressed. Written evidence was available that three-monthly reviews were carried out.

It was noted at the previous inspection that improvement was required around the management of unused medication. This action had been addressed and a robust system including appropriate record keeping was now in place. The medication policy had been updated to reflect these changes.

As a voluntary, supported care home with low dependency residents the centre did not have nursing staff on duty on a 24 hours basis and, where residents were not administering their own medication, trained care staff undertook the administration of medication. The inspector reviewed the policies and procedures in place and saw that the system was sufficiently robust. Staff spoken with were aware of the procedures to follow and their responsibilities.

The inspector saw that the medication fridge had been replaced since the previous inspection when it was noted that the temperatures were outside of an acceptable range. Daily temperature records were maintained.

Drugs that required strict controls were not in use at this time in the centre. Staff were aware of the safety procedures necessary when required.

The inspector noted that the pharmacist was available to residents for advice and support and a poster was on display informing residents of this.

**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:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan, care plans were not consistently updated and there was no documented evidence that residents or their relatives were involved the care plan reviews.

Samples of clinical documentation including nursing and medical records were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre admission-assessment was conducted by the person in charge who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident's assessed needs. However, improvement was required in this area.

The inspector reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example the inspector saw that a resident had been referred to a speech and language therapist (SALT). Specific recommendations were made regarding the type of diet required. However, there was no care plan in place to reflect this.

A similar issue was noted regarding diabetic care. The care plan was generic in nature and some of the interventions listed were not happening. In addition sufficient instructions were not included around blood sugar monitoring. This was also evident when residents required some assistance with activities of daily living such as showering or skin care and care plans were not in place to inform practice.

Although the inspector was satisfied that practices were correct, the care plans did not reflect this.

In addition there was no documented evidence that residents or their relatives were involved the care plan reviews.

Residents' nutritional needs were met. Approved nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required.

Based on a sample of records viewed by the inspector, residents' health needs were met and they had timely access to GP services including out-of-hours services. There was evidence of referral for assessment to other health services such as dietetics, speech and language, chiropody and dental. All residents spoken with expressed satisfaction

with the service provided.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Complaints procedures**

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure.

It was noted at the previous inspection that the policy did not meet the requirements of the regulations. The inspector saw that this had been addressed and now contained details of the person nominated to ensure that all complaints were appropriately responded to and that the required records were maintained.

It was also noted at the last inspection that the procedure was not on display. This had also been addressed and was now on display in a prominent position as required by the regulations.

A log was maintained and adequate details were recorded. Residents told the inspector who they would talk to if they had a complaint but the number of complaints received was minimal.

**Judgment:**

Compliant

**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:**

The inspector was satisfied that, on the days of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents. However improvement was required to ensure that staff files met the requirements of the regulations.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. Action in relation to this is included under Outcome 5.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations. This had been identified as an area for improvement at the last inspection.

The centre had two qualified nurses employed, one of which was always available on-call when there was no nurse on duty. Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated.

Assurance was given by the person in charge that garda vetting was in place for all staff.

The inspector saw evidence of induction and staff appraisal systems in place. The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in swallowing difficulties, medication management and first aid. Additional training was planned for the coming months including the management of responsive behaviours and end-of-life care.

The inspector saw that an additional resource folder was available to staff. This included information on checking blood pressures and temperatures, blood sugar checks and a nose bleed advice sheet.

The inspector saw that residents also attended training and information sessions and certificates of attendance were awarded. This included training on fire safety, safeguarding, basic first aid and financial abuse.

**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:***

Sheila Doyle  
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 report<sup>1</sup>

<b>Centre name:</b>	St Joseph's Supported Care Home
<b>Centre ID:</b>	OSV-0000555
<b>Date of inspection:</b>	04 and 05 July 2017
<b>Date of response:</b>	17 July 2017

### 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:

Two of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

#### 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

<sup>1</sup> 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 two staff files in question will have satisfactory explanations for the gaps in employment inserted into their files. This will be done by the staff members writing in a letter their explanations and signing them. This in turn will be reviewed by the Manager and Provider and will be counter signed if the explanations are acceptable.

Proposed Timescale: By 20/7/17

**Proposed Timescale:** 20/07/2017

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

**Theme:**

Effective care and support

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

Sufficient instructions and guidance were not consistently included in the care plans.

**2. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Any instructions which are specific to a resident's current care have been dealt with. In the future this will involve the GP when he returns from holidays. The overhaul of the care plans will ensure that this continues.

Proposed Timescale: In place and with care plan overhaul by 31st of October 2017

**Proposed Timescale:** 31/10/2017

**Theme:**

Effective care and support

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

In some cases care plans had not been put in place to reflect the recommendations of various members of the multidisciplinary team.

**3. Action Required:**

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

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

The care plans will be overhauled in consultation with the residents to identify care needs and document progress. This will be a big project and will have staff and resident consultation throughout until the finished product is achieved and agreed by all concerned.

Proposed Timescale: By 31st of October 2017

**Proposed Timescale: 31/10/2017**

**Theme:**

Effective care and support

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

There was no evidence that residents or their relatives were involved the care plan reviews.

**4. 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:**

The new care plan will be developed in consultation with the resident and will be signed off by the resident and named carer quarterly or sooner if need be. If the resident so wishes, a nominated person may sign on their behalf.

Proposed Timescale: By 31st October 2017

**Proposed Timescale: 31/10/2017**