

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Home
Centre ID:	OSV-0000287
Centre address:	Killorglin, Kerry.
Telephone number:	066 976 1124
Email address:	stjosephskillorglin@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of St. Joseph of Annecy
Provider Nominee:	Margaret Lyne
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
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.

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 April 2017 09:30 To: 19 April 2017 12:30

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

Outcome	Our Judgment
Outcome 12: Safe and Suitable Premises	Substantially Compliant

Summary of findings from this inspection

This was an announced single outcome inspection following application by the registered provider to vary conditions of their registration. The purpose of this inspection was to inspect the new extension; details of which are expanded upon in this report under Outcome 12 Premises. This report sets out the findings assessed against the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

St Joseph's Home was opened in 1971 to provide residential, palliative and respite care to older adults and it was registered to accommodate 40 residents.

Previous inspection reports identified issues with the premises at St Joseph's Home, where areas of the physical environment were not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose including, for example, eight three-bedded rooms, narrow corridors and small clinical facilities. The size and layout of the aforementioned bedrooms were inadequate to ensure the needs, independence, privacy and dignity of residents.

There was a new 20-bedded extension completed as part of a phased programme of works to upgrade the premises to meet the needs of residents and ensure compliance with the Regulations and meet the National Standards.

The inspector met with the person in charge and provider, as well as other members of staff and residents. Documentation reviewed by the inspector included the Statement of Purpose, meeting minutes, policies and related protocols. During the inspection there was evidence of good practice in relation to the delivery of care. Staffing levels were adequate and residents spoken with reported that they were well looked after and were happy and content.

The Statement of Purpose required attention to ensure it was in compliance with the Regulations and these were remedied prior to the end of the inspection. Nonetheless, the Statement of Purpose will require further updating following sanctioning of the application to vary conditions of registration. Minutes of residents and staff meetings demonstrated that people were involved and updated with works being carried out on the premises and progress of the extension. In addition, people were updated with staff changes including information regarding change of person in charge.

On full completion of the project, non-compliances related to the premises will be addressed. Phase one of the project involved a 20-bedded extension. Phase two and three will involve refurbishment of the existing building reducing three-bedded rooms to two-bedded rooms and single rooms, some with full en suite facilities, additional office space, clinical room and file storage, upgrading bathrooms and widening corridors.

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 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:

The new extension comprised a new expansive reception with seating areas for residents to enjoy. Windows and doors were large giving the area a sense of brightness and airiness. There was corridor access to the new and existing building from reception as well as access to the large enclosed courtyard. The entrance to the new extension was wheelchair accessible and had a secure railing along its length for security and assistance. Views from the new entrance were of the mature garden and grotto. There was an additional secure outdoor space alongside the entrance for residents and their visitors to avail.

Included in the new extension were 20 single spacious bedrooms. Each bedroom had a large accessible en suite with a shower, a toilet with contrasting grab rails and a wash hand basin. Beds were profiling and all had low-low ability. However, these beds did not have integrated bedrails. The bedrails were an additional feature and the inspector requested that they be risk assessed cognisant of people's safety, mobility and independence. There was a functioning call bell throughout and accessible lighting. Wall mounted flat screen television were accessible in the bedrooms. Each bedroom had a double and single wardrobe, chest of drawers, bedside locker with lockable storage, comfortable armchair and bedside table. All bedrooms had a view of the outdoors and windows were large and extended near the ground to facilitate views of the outdoors if residents were in bed.

The new extension also comprised a nurses' station, secure clinical room, secure clinical dressings room, linen room, storage room, additional staff and residents toilet facilities, large activities room which may be used as additional dining area, sluicing room, hairdressers salon, kitchenette with dining table and chairs for residents and their visitors, seating areas and access to the enclosed courtyard and the walkways around

the perimeter of the centre. Both the courtyard and walkways around the perimeter had newly planted with hedging, shrubs and grass. All areas had either paving or paths to enable residents to mobilise safely. There was internet access, good radio coverage, televisions in dayrooms and approximately 22 telephones throughout the centre for residents to avail.

Trips and slips hazards were minimised due to appropriate uninterrupted floor coverings, handrails along both sides of wide corridors, adequate lighting and storage space were provided to reduce the potential of clutter on corridors. New bedrooms were fitted with ceiling hoists and certificates demonstrated that staff had completed training for these hoists.

Fixtures and appliances were positioned in compliance with infection prevention and control best practice guidelines. Clinical hand-wash sinks were available throughout. There was separate sluicing and hand-wash sinks in the new sluice room. Waste bins had hands-free mechanism.

Due to the increased size and layout of the centre the provider outlines that the secure clinical room in the existing unit would remain in situ to facilitate storage of the medicines trolley and other clinical equipment for that wing. The chapel was easily accessible. The main dining room was located near the chapel in the existing building.

The palliative care room was a recently refurbished single en suite bedroom with adjacent space for use by relatives incorporating a small kitchenette and seating area with fold-out bed.

Staff levels were discussed with the provider, cognisant of the increased layout of the centre. The provider outlined that the person in charge and clinical nurse manager were supernumery on the roster to facilitate supervision and management. There will be an increase in cleaning and care staff and recruitment of staff was in progress. In addition, the new person in charge is due to take up post as soon as the documentation is available. A fit person interview will be undertaken upon their commencement in post.

There was evidence of extensive consultation with residents and/or families to facilitate the transfer to new single rooms and residents were looking forward to picking out their new room.

Certificates in accordance with building construction and inspection regulations, fire safety and disability access regulations were demonstrated. All doors were fire doors including those at entrances to each wing to compartmentalise areas to prevent progression of a fire. Certificate were evidenced to demonstrate that staff had received training in fire safety evacuation for the new extension.

In summary, the inspector was satisfied that the new wing was completed to a high standard; the décor and layout was comfortable, relaxing and homely and would suit the needs of the residents who were due to live there and it promoted their independence, dignity and well being.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Breeda Desmond
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 Home
Centre ID:	OSV-0000287
Date of inspection:	19/04/2017
Date of response:	28/04/2017

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 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:

New beds did not have integrated bedrails. The bedrails were an additional feature and required risk assessment cognisant of people's safety, mobility and independence to ensure the adaptations to the equipment were suitable and evidence-based.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

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

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:

We are replacing all beds with Invacare beds called ergonomically low beds complete with integrated bedrails, in order to be HIQA compliant, for the safety, mobility and independence of the Residents.

Proposed Timescale: Two to three weeks maximum

Proposed Timescale: 24/05/2017