



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Hospital Ardee
Name of provider:	Health Service Executive
Address of centre:	Townspark, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0000537
Fieldwork ID:	MON-0037963

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Joseph's Hospital is a four storey building, built in 1780 with extensions added the latest in 2010. It was built as a family home, converted to a hospital for the local area and is now a registered nursing home. The centre provides care to a maximum of 17 residents, male and female, over 18 years of age. All residents accepted for admission require long term care. Residents of all dependency levels are assessed and accepted for admission. The residents accommodation is located on the ground floor. The bedrooms are made up of 3 bedded, twin and single bedrooms. There is ample parking around the building and residents have access to an enclosed garden and grounds surrounding the hospital. St Joseph's Hospital is located on the outskirts of Ardee town just off the N2.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 3 May 2023	09:45hrs to 15:30hrs	Sheila McKeivitt	Lead
Wednesday 3 May 2023	09:45hrs to 15:30hrs	Karen McMahan	Support

## What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care. The overall feedback from the residents was that the centre was a lovely place to live with plenty of activities and of good quality food available to them.

Following a short introductory meeting, the person in charge accompanied the inspectors on a tour of the centre. The inspectors observed many residents were up and dressed and participating in activities. One resident was reading the national and local newspapers. Staff said that the maintenance man delivered these every morning, picking them up in the local shop on his way to work, and bringing them to the residents who liked to read them. Most residents were observed to avail of the communal areas and were seen to socialise freely with each other. Staff were observed interacting with residents and ensuring their needs were met.

Residents' bedrooms appeared to be comfortable spaces and were clean and tidy, residents confirmed their bedrooms were cleaned daily. The rooms were bright and airy, with large windows, affording those at the front of the building lovely views of the outstretching surroundings. Some furniture was noted to be in need of repair, the person in charge told inspectors that new furniture was ordered and they were waiting for it to be delivered. Residents had independent access to an enclosed garden from the one of the communal areas. The garden furniture was noted to need a clean before being used, however staff said this was planned.

Inspectors spoke with many residents, all of whom were positive and complimentary about the staff and had only positive feedback about their experiences of residing in the centre. One resident expressed their delight at being able to see the staff's faces again, now that masks were no longer required. One resident stated "it's lovely here." While no visitors were observed visiting at the time of inspection, residents reported that their visitors were able to freely visit them and they had no concerns around visiting. One reported that their visitor had just left before the inspectors entered the room.

From the inspectors' observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Many staff that inspectors spoke with, reported that they had worked in the centre for many years and loved working there. All those spoken with felt supported in their roles and said they were facilitated to take part in continuous training to enhance their role, both mandatory and non-mandatory.

During the inspection residents were observed enjoying various activities taking place, throughout the day, including watching Mass on television, hand massage and interactions with a virtual robotic cat. One resident told the inspector they enjoyed the activities provided, particularly bingo where they win prizes. The resident told inspectors how the staff were very helpful with helping them mark the

bingo card, as they are unable to do so.

One communal room was noted to have a projector placed over the table. The projector is used for cognitive, sensory, physical and social activities for the residents. The table itself was also noted to be adjustable to high/low level and had grooved areas for sitting to allow appropriate and comfortable distance from the table for residents, including those using wheelchairs.

The inspectors observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. A daily written menu was available for all residents. There was a choice of hot meals at lunchtime and a choice of a hot or cold option for the evening meal. The lunch was observed to be well presented, warm and with ample amounts on the plate. The meals were home cooked on site and inspectors also observed freshly baked lemon drizzle cake ready to be given to the residents later in the day. All resident's reported that the lunch was lovely and they had plenty, with one resident laughing that they had too much. There was an appropriate level of supervision and help for residents, who required it, in both dining rooms. Residents were also observed being offered frequent drinks and snacks throughout the day.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge. The services were delivered by a well-organised team of trained competent staff.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspectors found that improvements had been made and the compliance plans identified on the last inspection had been addressed. Some minor improvements were required with nursing records and infection prevention and control practices, to bring both into full compliance. The centres registration end date is 29 June 2024. The centre is old and in need of repair in places. The provider is in the process of building a new 50 bedded centre on the same site. Inspectors saw that the new building is progressing well with the first of two floors being constructed. Inspectors were informed it was due for completion in Autumn 2024.

The governance of this centre was good. The provider was the Health Service

Executive (HSE). The person in charge was supported by a named provider representative and two clinical nurse managers. The person in charge appointed in January 2023 met the criteria to be named person in charge. The management team demonstrated a good understanding of their roles and responsibilities. Their lines of accountability were clearly reflected in the organisational structure with as outlined in the statement of purpose which had been updated in April 2023.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspectors saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in addressing any risks identified. A comprehensive annual review had been completed for 2022, it included feedback from residents and a quality improvement plan.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the fifteen residents during the day and night. There was a full complement of staff in place, with the small number of vacancies filled and awaiting the required documentation.

Staff had access to the equipment and training required to ensure they could meet the needs of residents. Staff spoken with were familiar with residents' needs. They also demonstrated that they were knowledgeable and skilled in safeguarding, safe moving and handling of the residents and fire evacuation. All staff who spoke with the inspectors confirmed that they felt supported, and that they could raise issues readily with the person in charge. There was a good system of supervision in place with evidence of regular communication between the person in charge and all staff.

Documents requested were available for review and the majority of those viewed were compliant with the legislative requirements.

#### Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They hold a post registration management qualification in healthcare services and work full-time in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
<p>Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management. All staff had completed infection prevention and control training and hand hygiene. A large number of the total compliment of staff had also completed training on complaints management.</p> <p>There was good supervision of staff across all disciplines.</p>
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.</p> <p>The annual review for 2022 was reviewed and it met the regulatory requirements.</p>
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
<p>A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in the contracts reviewed.</p>
Judgment: Compliant



### Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

### Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of accidents and incidents recorded assured inspectors that all notifiable events had been submitted to the Chief Inspector as per the requirements.

Judgment: Compliant

### Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements put in place for the management of the designated centre during the absence of the person in charge.

Within the statement of purpose it stated and the management team confirmed that a named clinical nurse manager would take over in the absence of the person in charge.

Judgment: Compliant

## Quality and safety

The inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well supported. A selection of care plans examined on the day of inspection demonstrated good evidence of person-centred care. Residents were facilitated to communicate freely and care plans reflected individual means of communication. Residents had access to glasses and hearing aids, to assist them with sight and hearing difficulties.

Inspectors saw evidence that each resident now had a comprehensive assessment in place which was reviewed on a four monthly basis. The sample reviewed were detailed and reflected the current status of the residents. They contained personalised detailed information about the resident which facilitated the creation of comprehensive person-centred care plans where required.

Care plans, reviewed demonstrated evidence of multi-disciplinary team input. Care plans, in relation to food and nutrition, demonstrated input from dietitians and speech and language therapists where there was a nutritional concern. However, inspectors did note that some recent changes, although evidently known by staff, were not reflected in communal dietary related documentation and individualised nutritional care plans reviewed. These documents required more frequent review and updating.

Resident's end of life wishes were observed to be recorded in their care plans. Care plans had clear evidence of their spiritual needs and who was to be involved in their end of life care planning. A single bedroom used for end of life care was available in the centre. This was viewed by inspectors and it appeared comfortable and appropriately decorated with ample seating and space for family members who wished to remain with the resident. Nursing staff told inspectors that all residents had access to community palliative care services, through the local acute hospital.

Overall the premises was in a good state of repair and met the needs of residents. However, the sluice room was noted to have clean and dirty facilities and needed review to be reorganised. Similarly a clinical store room, used by staff, was noted to be very cluttered and disorganised and a hoist stored in there at the time of inspection was blocking access to cupboards and the hand wash sink.

Documents requested were available for review these included a copy of the residents' guide, together with transfer and discharge letters for those transferred into and out of the service. The national transfer document had been implemented

and had been used during the most recent resident transferred into the local acute hospital.

### Regulation 10: Communication difficulties

The registered provider had adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

### Regulation 13: End of life

Care plans adequately recorded resident's spiritual needs and personal wishes regarding their end of life care. Facilities were available to provide a comfortable and safe environment for residents, their family and friends during their end of life care. Residents had access to palliative care community services.

Judgment: Compliant

### Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes, however independence was promoted. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files.

Judgment: Compliant

### Regulation 27: Infection control

The inspectors found that processes to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks required review. For example:

- Clean and dirty items were being stored in the newly developed cleaners room and in the sluice rooms.
- A commode stored in the sluice was not clean.
- Unlabeled hoist slings were stored in two of the communal bathrooms.
- Equipment was inappropriately stored in a clinical store room, preventing safe access to the room.
- An open dressing, identified for single use, was observed on the dressing trolley, this was discarded by the person in charge.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' dietary needs were met, but some documentation in relation to this required more frequent review and updating.

Inspectors did note some recent dietary changes, although evidently known by staff, were not reflected in the residents' personalised nutritional care plan. The care plan had not been updated following a comprehensive assessment by a member of the inter-disciplinary team and therefore did not reflect all the recommendations made. In addition, documentation held in the main kitchen and kitchenettes were not regularly updated to these changes.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

# Compliance Plan for St Joseph's Hospital Ardee OSV-0000537

Inspection ID: MON-0037963

Date of inspection: 03/05/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. A separate storage area has been identified and in place for the storage of clean items stored in the sluice room to mitigate the risk of any cross infection.</li> <li>2. All clean items are now stored in a closed press in the newly developed cleaner's room.</li> <li>3. The unclean commode stored in the sluice room is disposed and replaced. The person in charge is making sure the commodes are always kept cleaned up to the standard and this is overseen on a daily basis.</li> <li>4. All unlabelled hoist slings are removed from the two communal bathrooms and stored in a separate storage press with "I am Clean" stickers on them.</li> <li>5. The clinical storage room has been completely decluttered to provide safe access.</li> <li>6. The person in charge is ensuring that opened single dressing items are never stored on the dressing trolley by completing routine checks.</li> <li>7. The person in charge ensures that a weekly auditing is in place to monitor ongoing compliance on all the above steps.</li> </ol>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> <li>1. The person in charge has ensured that all residents nutritional care plans updated with recent dietary changes and recommendations made by Multi-disciplinary team are in cooperated into the care plan.</li> <li>2. The person in charge is now ensuring that dietary sheet documentation completed on</li> </ol>	



a weekly basis or more often if there are any dietary changes made to monitor and capture any changes or recommendation by the multi-disciplinary team. The person in charge monitors this regularly.

3. The person in charge has ensured a copy of updated dietary sheet documentation is provided to the main kitchen and kitchenettes on a weekly basis or any time changes are made to communicate the changes in resident's dietary requirements.

4. The person in charge has put a system in place for nutritional auditing to ensure compliance with audit findings.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	20/05/2023

