



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

## Issued by the Chief Inspector

|                            |                                    |
|----------------------------|------------------------------------|
| Name of designated centre: | St Joseph's Care Centre            |
| Name of provider:          | Health Service Executive           |
| Address of centre:         | Dublin Road, Longford,<br>Longford |
| Type of inspection:        | Unannounced                        |
| Date of inspection:        | 08 March 2023                      |
| Centre ID:                 | OSV-0000466                        |
| Fieldwork ID:              | MON-0039453                        |

## About the designated centre

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

St Joseph's Care Centre provides 24 hour nursing care for up to 65 residents of all dependency levels, male and female, predominantly over 65 years of age. The centre can provide care to a range of needs of various complexity including dementia care and cognitive impairment, acquired brain injury, palliative and palliative respite care. The centre is single storey and comprises of two buildings containing five units. There are communal rooms and internal gardens available to residents as well as a large chapel. The centre's philosophy and motto is to 'add life to years when you cannot add years to life' and aims to address the physical, emotional, social and spiritual needs of all residents with a holistic approach of empathy and kindness. The centre is located in Longford town within easy reach of nearby shops and restaurants. Parking facilities are available on site.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 50 |
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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 8<br>March 2023 | 09:00hrs to<br>17:40hrs | Michael Dunne | Lead    |
| Wednesday 8<br>March 2023 | 09:00hrs to<br>17:40hrs | Ann Wallace   | Support |

## What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well.

Inspectors were met by staff who guided them through the infection prevention and control measures that were in place prior to accessing the designated centre. These processes included hand hygiene, wearing a face mask and temperature check. During an introductory meeting, with the person in charge and the assistant director of nursing, the inspectors discussed the purpose of the inspection, which included a review of the provider's compliance plan arising from the last inspection held in February 2022 and a discussion regarding the recent changes to Regulation 34 of the Health Act 2007. Following this, the inspectors then commenced a walk around the centre with the management team.

The designated centre comprises of six residential units located in two single storey buildings on the outskirts of Longford Town. The designated centre is co-located on a campus with a number of HSE (Health Service Executive) services.

The registered provider had made significant changes to the layout of the designated centre since the last inspection, where a number of units were re-developed. One unit (St Theresa's) was permanently closed while another unit (Padre Pio) had been reconfigured to provide multi-occupancy accommodation. On most units resident bedrooms were well appointed and suitable for the assessed needs of the residents. Rooms were spacious and many were decorated with residents' individual photos and decoration. However the layout and provision of personal storage space for those residents accommodated on Padre Pio unit did not ensure that residents had sufficient accessible storage space for their personal belongings. This was a repeated finding from previous inspections.

Residents accommodated on Padre Pio unit spoke with the inspectors about the improvements that had been made to the unit and how much they enjoyed their newly refurbished accommodation. Residents were making good use of the communal lounge and dining room on the day of the inspection. During the morning, activities staff were facilitating a Sonas session (a programme of therapeutic activity, especially for people with dementia or cognitive impairment) in the dining room. This room was bright and comfortable and offered the residents a view of the garden. Residents were participating in the session and it was evident that residents were enjoying the music and singing. Staff demonstrated good skills and knowledge using appropriate techniques to encourage residents to participate in the activity in line with their capacity to engage. One building, called the Lodge, contained two individual units called the Autumn and Sunset. These areas were tastefully decorated with bright colours, with each unit having their own separate

sitting and dining areas.

Meals were transported to this unit from the centre's main kitchen. Residents who were spoken with were unaware of what choice of main meal was available for them on the day of the inspection. The inspectors noted that there was no visible menu available for residents to choose their meal from, although staff confirmed that residents were consulted in the morning as to what meals were available. The inspectors were not assured that these arrangements were facilitating residents to choose their meal options and as such they needed to be reviewed.

The inspectors found that in the main, residents could move about freely in their own units. Access to the main garden areas was unrestricted, however the new outside area on Our Lady's One unit was not open for residents due to ongoing repair work to the roof of a nearby building. The provider had not developed the outside space for Our Lady's Two unit which meant that residents on these units did not have access to safe and suitable outside space. Residents said that they were looking forward to sitting outside when the weather improved, but were not sure when the outside areas would be available for them.

Residents had access to televisions and radios in their bedrooms and in the communal lounges. Newspapers and books were also available. Residents had access to the internet if they wished to use it. Residents could use a telephone in private and a number of residents had their own mobile phones to keep in touch with families and friends.

There was visiting happening throughout the day with no restrictions in place. A number of visitors spoke with inspectors and their feedback was positive regarding the care their relatives were receiving.

The inspectors observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents were observed being supported by staff to attend to their personal care requirements. These tasks were carried out in a friendly unhurried manner. It was obvious that staff were aware of residents' needs and that residents felt safe and secure in their presence.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspection found that designated centre was well-managed for the benefit of the residents who lived there. The oversight and governance systems that were in place helped to ensure that care and services were provided in line with the designated centre's statement of purpose and that residents were able to enjoy a

good quality of life in which their preferences for care and support were upheld.

This inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in February 2022. Following the last inspection the provider had closed St Therese's Unit due to fire safety non-compliances and this inspection confirmed that the unit was closed and that no residents were accommodated in that part of the building, which was no longer registered as part of the designated centre.

Significant resources had been sourced to implement the provider's compliance plan from the previous inspection however, more effort and resources were now required to ensure that the residents were able to enjoy a comfortable well-maintained living environment and that residents had easy access to safe and appropriate outdoor space.

The registered provider for this designated centre is the Health Service Executive (HSE). There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge is supported in their day-to-day role by an assistant director of nursing, a clinical facilitator and two clinical nurse managers. Externally, the person in charge has access to the General Manager for the CHO 8 (Community Healthcare Organisation 8) and the wider HSE resources such as human resources, finance, estates and training. In addition, staff working in the centre can access specialist clinical resources such as infection prevention and control tissue viability and palliative care.

There is a staff team of ward managers, staff nurses and care assistants on each unit. The nursing and care team is supported by catering, activities and laundry and housekeeping staff. There were no maintenance staff allocated to the designated centre at the time of the inspection and this was reflected in the poor standards of maintenance found in some areas of the building on the day.

The inspectors reviewed a sample of governance and management documentation including audit records, meeting minutes and complaints. Incident records, the risk register and associated risk management contingency plans. The inspectors found that there were systems in place to provide effective oversight and to monitor the quality of care and services provided for the residents. Where improvements were identified an action plan was put into place, however further more diligence was required to ensure that these action plans were fully implemented by the responsible staff. For example, an infection prevention and control audit completed in October 2022 had identified that the blue paper towel holders that staff used to dry their hands were manually operated which increased the risk of cross-contamination. However, no actions had been taken to address the issue found and the manually operated paper towel dispensers were still in operation on the day of the inspection. Furthermore, action plans detailed in response to monthly quality care metrics reports were not followed up to ensure they were completed within the required time frames.

The provider was pro-active in developing and implementing quality initiatives which would bring about improved outcomes for the residents. For example, the clinical management team had recently implemented an initiative to ensure residents were supported to drink enough each day. The initiative had included additional staff training in relation to the importance of hydration and the introduction of simple prompts for staff to offer a range of drinks to the residents and record fluid intake accurately. The prompts ensured that staff identified when a resident was not taking enough fluids and what actions were required to be taken.

Overall risks were generally well-managed and the risk register was updated and included current risks and actions to manage those risks. The COVID-19 contingency plan had been updated in line with the current guidance from the Health Protection and Surveillance Centre (HPSC).

The inspectors reviewed a sample of staff meeting records, staff communications and spoke with staff working in the designated centre on the day of the inspection. There were clear lines of communication in place between staff and managers. Reporting structures were clear and staff were clear about what was expected of them in their roles. Staff were seen to work co-operatively with each other which helped to create a positive and calm atmosphere for the residents.

Overall records reviewed on the day were well-maintained and were stored securely in line with the requirements of the regulations and the provider's own policies and procedures. The inspectors reviewed the directory of residents and found that this was up-to-date and included the information required under Schedule 3 of the regulations.

Feedback from residents was encouraged through resident meetings, an annual survey of residents and through complaints management procedures. Residents who spoke with the inspectors said that they felt able to raise any issues or concerns they might have with a member of staff. The inspectors noted that resident meetings had been held in July and November 2022. Resident feedback in relation to activities and menus was used to inform menus and the activities schedule. In addition, resident feedback on the new layout and décor in Padre Pio unit had been discussed.

There was an annual review of the quality and safety of the care delivered in the centre which incorporated the views of residents and feedback from family members for 2022. The provider had adapted the National Nursing Home Survey to seek resident feedback in key areas of care and services. Overall, the survey results were very positive with only two key areas identified for improvement; complaints and resident's access to their personal finances.

The provider had revised the statement of purpose in February 2023 with updated information in line with the requirements of Schedule 1 of the regulations. However, the document did not include sufficient details in relation to the sanitary facilities available in en-suite facilities and communal bathrooms and toilets in the designated centre.



## Regulation 14: Persons in charge

The person in charge worked full-time in their role and was well-known to staff and residents in the designated centre. The person in charge is a registered nurse with more than ten years experience of working with older persons in a designated centre. They have the required management experience and qualifications in line with the regulatory requirements.

Judgment: Compliant

## Regulation 15: Staffing

The provider did not ensure that there were sufficient staff available in the designated centre to ensure that all areas of the premises were well maintained. There were no maintenance staff employed in the designated centre at the time of the inspection. Maintenance staff were available on an on call basis however staff reported that requests for non-urgent maintenance were not responded to in a timely manner. As a result the inspectors found that a number of areas in the designated centre required refurbishment and repair. In addition residents' requests for putting up shelves and pictures were not responded to in a timely manner.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The directory of residents was up-to-date and included all of the resident information required under Schedule 3 of the regulations

Judgment: Compliant

## Regulation 23: Governance and management

The provider had failed to ensure resources were made available to develop and improve safe and appropriate outside garden areas for the two more recently registered units Our lady's 1 and Our Lady's 2 units in line with the compliance plan they submitted to the Chief Inspector following the previous inspection in February 2022. The provider had previously committed to completing this work by end of

September 2022..

While management systems to monitor the centre were in place, they were not always effective as actions identified were not followed.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which was signed by the resident or the resident's representative and included the terms of residency and the fees to be charged for services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the information as set out in Schedule 1 of the regulations. The statement of purpose had been reviewed in February 2023.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance in place against injury to residents and against other risks including loss or damage to a resident's property. Residents were made aware of this in their contract for provision of services.

Judgment: Compliant

### Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were met through well-established access to health care services and a planned programme of social care interventions.

The provider made a number of improvements since the last inspection to improve the environment for the residents, however the maintenance and upkeep of internal areas of some parts of the designated centre were not sufficient to ensure that all areas of the designated centre were well-maintained and comfortable for the residents. The inspectors also found that some improvements had been made with regard to fire safety, and infection prevention and control, however there were still a number of actions that the provider needed to take to reach full compliance with these regulations.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents progress notes was comprehensive and related directly to the agreed care plan interventions.

Residents had regular access to two medical officers who were based on the campus and there were arrangements in place for out of hours medical support. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. Residents had access to specialist services such as psychiatry of old age and nurses had access to expertise in tissue viability when required.

The inspectors attended all units of the designated centre. Overall the units were clean and well laid out for the residents. The communal rooms were spacious and homely and were tastefully decorated. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. The majority of resident rooms were single or twin occupancy, however the accommodation provided on Padre Pio unit was mostly of multi-occupancy rooms, where three and four residents shared a bedroom. All shared rooms were found to contain privacy curtains which preserved residents privacy and dignity. However the storage available for residents in these rooms was not adequate for long-term residents. This is discussed further under Regulation 12.

Inspectors were not assured however, regarding the routine maintenance of the designated centre. At the time of the inspection there was no maintenance personnel on the staff team based in the designated centre. This meant that staff working in the centre were required to request maintenance support from the maintenance team based in another facility, resulting in delays for maintenance requests being addressed. For example one resident told the inspectors that the communal bathroom on Padre Pio unit was cold and that this had been in part due to a broken window that had not been repaired for a long period of time. The inspectors followed this up and found that the bathroom remained cold even though the window had since been repaired. The radiator was not working in the bathroom and staff were not sure why this was and if the fault had been reported. There was a small supplementary electric fan heater above the bathroom door which was not big enough to heat the large communal bathroom. Staff informed the inspector that they would report the maintenance issue but were not able to give assurance about

how quickly this would be addressed by the remote maintenance team. In addition inspectors noted that a resident who wanted a shelf erected in their bedroom had an unknown wait time for this work to be done. The inspectors also observed paintings and pictures placed on the floors of the corridors in Our Lady's units which staff explained should have been hung on the corridor walls that day but the work had not been completed and there was no date or time for the maintenance team to return to complete this work. As a result, the corridor floors were cluttered and the corridor walls were blank spaces with little in the way of decoration or features of interest for residents. The inspectors also noted that walls were scuffed or damaged following the refurbishment works in Our Lady's units and required repair and repainting.

Inspectors found that there was insufficient storage space available across all units of the designated centre. This meant that multiple items were stored together and increased the risk of cross-contamination. Resident hoist slings, bags of clothes and PPE (Personal Protective Equipment) were found to be stored together. Some items were found to be stored on the floor which did not allow for this area to be cleaned appropriately. While there were records to confirm that regular cleaning of the designated centre was being monitored, there were no records made available to confirm that when residents vacated a room, that a deep clean of that area had occurred. This resulted in the potential for cross-infection for new residents moving into these rooms.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visiting was facilitated in the centre in line with national guidance. There was a good programme of individualised and group activities available in the centre. A number of residents were supported to access community based services which enhanced their social well-being and maintained their links with the local community.

Good clinical oversight was demonstrated regarding restrictive practices. For example, where bed rails were in place, there were clear protocols as to how they were managed. The registered provider was found to collaborate with relevant services such as psychiatry, social work and advocacy for the management of residents who displayed responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspectors found improvements had been carried out with regard to fire safety. Staff were able to identify the different fire compartments within the centre and confirmed their attendance at simulated fire evacuation. Staff were aware of the fire procedure and knew what their role was in the event of a fire activation. The fire safety management folder was well-maintained with records available to confirm servicing from fire maintenance company. Personal emergency evacuation plans (PEEPs) were in place for residents however, in one unit, these had not been updated for a period of six months (normally these were updated on a three month cycle or as and when residents evacuation needs changed). This had the potential to have a negative impact on the safe evacuation of residents as their evacuation

needs may have changed significantly during this time period.

Fire doors were checked on a regular basis and were linked into the fire alarm system which meant that when the alarm was activated these fire doors would automatically close providing a sealed compartment to protect against the spread of fire and smoke. A number of fire doors were found to have a main door and a side door, the inspectors found a number of these side doors to be left open. While the main doors were linked into the fire alarm system the side doors were not and this compromised the effectiveness for fire containment in the designated centre.

There was fire signage available throughout the home including directional signage to the nearest final fire exit. However there was no signage available to direct residents once evacuated to the nearest assembly point. This had the potential for residents and staff not to be aware of where they had to go in the event of an evacuation.

## Regulation 17: Premises

There was a lack of appropriate storage across some units in this designated centre. For example;

- Linen trollies with soiled linen were being stored in the main bathroom on Padre Pio unit
- Wheelchairs and large comfort chairs were being stored in the en-suite bathrooms in the multi-occupancy rooms on Padre Pio unit.

The inspectors found there were no clear protocols in place to ensure that routine maintenance tasks were completed in a timely manner. During a walkround of the units in the designated centre, inspectors found;

- That there were no clear arrangements in place to ensure that residents who wanted to personalise their private space with the hanging of pictures and shelving could get this work done in a timely manner.
- Staff were waiting for paintings and pictures to be hung on the walls in Our Lady's units and were not able to obtain a date for when this work would be completed.
- The temperature of a communal bathroom on Padre Pio unit was cold and the radiator in this room could not be switched on. The inspector switched on the supplementary heating in the room, however it was not sufficient to warm the room for resident's comfort. This issue had not been reported by staff although one resident informed the inspectors that this bathroom was always cold and there was a record that residents had previously reported this issue to staff.
- There was a malodour in two en-suite bathrooms on Padre Pio unit.

· A number of walls and doors throughout the centre were scuffed and needed to be repaired and repainted.

The residents on Our Lady's Units did not have access to outside space that was safe and suitable for the residents accommodated in these units. The outside seating area for Our lady's One Unit was out of use because an overhanging roof from a nearby unit being repaired. The provider had failed to create an outside seating area for residents on Our Lady's Two unit. This was an outstanding action from the previous inspection.

Judgment: Not compliant

### Regulation 26: Risk management

There was a risk management policy which met the requirements of the regulations. Overall risks were well-managed in this centre, in instances where hazards were identified, appropriate controls were put in place to either remove or reduce the identified risk. A review of incidents and accidents was carried out by the provider in an attempt to identify learning opportunities to improve the service to the residents.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider did not ensure that procedures consistent with the National standards for Infection Prevention and Control in Community Services (2018) published by the Authority, were implemented by staff. Evidence found on this inspection confirmed:

- Boxes of items stored on the floor in the store rooms meant that floors could not be adequately cleaned.
- Large amounts of dust found on windowsills confirmed these areas had not been cleaned in line with the centres policy.
- Deep cleaning records were not available in one unit.
- The walls and ceilings in the en-suite facilities on Padre Pio unit were visibly streaked and dusty especially in the hard to reach areas. These rooms needed a deep clean however there was no record that they had been deep cleaned.
- The paper towel dispensers were manually operated which increased the risk of cross contamination.

Furthermore some of the dispensers were located so close to other wall hanging items that the manual device on the side of the machine could not be accessed by

staff. This meant that staff were not able to dry their hands effectively after washing them. This had been identified in the centre's own infection prevention and control audit but had not been addressed

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While the provider had made significant improvements in relation to fire safety arrangements in the centre, inspectors found that the registered provider did not make adequate arrangements in respect of the following:

- For the evacuation, where necessary in the event of a fire, of all persons in the designated centre and safe placement of residents. For example, inspectors found that the route from two final exit doors did not give directions to the fire assembly point. In addition residents' PEEPS (personal emergency evacuation plans) were not updated in one unit for over six months.
- For the containment of fire, for example, inspectors found that some fire doors located in one unit were not connected to the fire alarm system and therefore would not give sufficient protection in the event of a fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of records seen on inspection confirmed that residents had a pre-admission assessment completed prior to their admission to the designated centre. A range of suitable care plans were found to be developed for each resident based on their individual needs and following validated nursing assessments. For example, residents who were at risk of falls had a falls risk assessment completed to inform the relevant care plan. Records reviewed also confirmed that care plans were completed for residents within 48hrs of their arrival in line with the regulations. Where residents were unable to fully engage in this process then relevant family were consulted.

Judgment: Compliant

### Regulation 6: Health care

A review of the residents' medical notes found that recommendations from the residents' doctors and allied health care professionals were integrated into the residents' care plans. There was evidence to indicate effective management of residents' healthcare which resulted in positive clinical outcomes for residents living in the designated centre.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence to confirm that residents who presented with responsive behaviours were cared for in a positive and individualised manner. Where restrictive measures were introduced they were done so as the least restrictive option. For example, a resident who currently had bed rails in place was initially trialled on a low entry bed to maximise their independence. The inspectors found that there was effective monitoring and record-keeping of restrictive practices in the designated centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that residents were consulted about the quality of the service provided. Resident forums (meetings) were held on a quarterly basis. The provider had commenced a resident experience survey which was still underway at the time of the inspection. There were no restrictions on visiting, with visitors observed attending the centre throughout the day. Residents had access to advocacy and to the centre's complaints policy.

Residents had access to a range of group and one-to-one activities. Residents were supported to go out into the local community to do their shopping or meet for coffee. Those residents who were under 65 years old and wished to go to community groups and activities were supported to do so.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents accommodated in the multi-occupancy rooms on Padre Pio unit did not have adequate space to store and maintain their clothes and other personal



possessions.

The size and layout of the wardrobe and drawer/shelf storage units did not ensure that residents could store all of their personal belongings that they wished to keep in their bedroom. Furthermore the location of some wardrobes and drawers meant that the resident would be encroaching on another resident's bed space in order to access their belongings.

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                               | Substantially compliant |
| Regulation 19: Directory of residents                 | Compliant               |
| Regulation 23: Governance and management              | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant               |
| Regulation 3: Statement of purpose                    | Compliant               |
| Regulation 22: Insurance                              | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Not compliant           |
| Regulation 26: Risk management                        | Compliant               |
| Regulation 27: Infection control                      | Substantially compliant |
| Regulation 28: Fire precautions                       | Substantially compliant |
| Regulation 5: Individual assessment and care plan     | Compliant               |
| Regulation 6: Health care                             | Compliant               |
| Regulation 7: Managing behaviour that is challenging  | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |
| Regulation 12: Personal possessions                   | Substantially compliant |

# Compliance Plan for St Joseph's Care Centre OSV-0000466

Inspection ID: MON-0039453

Date of inspection: 08/03/2023

## 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 15: Staffing   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>The allocation and availability of maintenance resources to the centre is being reviewed by the Provider Representative and the HSE Estates. At present on going recruitment is taking place</p> <p>1 General Operative – starting date 8th May (Longford/ Westmeath)<br/>1 Plumber posts- has been approved for replacement (1 for Longford area)<br/>1 Maintenance Officer – recruitment planned</p> <p>In the meantime while posts are being recruited an agency carpenter and electrician has been contracted and is available on a full time basis.</p> <p>In relation to routine decorative maintenance outside contractors for painting and decorating will be utilised to ensure the building is maintained to a good standard. Requests by residents for additional shelving and hanging of pictures have been completed. Future request by residents for maintenance issues will be dealt with in a timely manner.</p> |                         |
| Regulation 23: Governance and management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:<br/>A review of the allocation and availability of maintenance resources to the centre is being undertaken by the Provider Representative and the HSE Estates. Presently recruitment is taking place within the maintenance team to increase resources.</p>   |                         |

Where required external contractors will be sourced to mitigate any delays in decorative maintenance to ensure a high standard comfortable living environment.

The second outdoor space on Our Lady's Unit 1 is having ground excavation works undertaken to ensure the surface is level and accessible by all residents

Corrective action to address the outcome of audits and the monthly quality care metrics is a standing agenda item and the progress on audits will be monitored through our clinical governance meetings to ensure actions are implemented.

The Statement of Purpose has been reviewed to outline the details of all sanitary facilities available in en-suite and communal bathrooms and toilets.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
A review of storage is being completed and practices in relation to storing items appropriately are an agenda item on the staff team meetings across each of the Units.

Comfort chairs are kept beside the bed and dirty linen trollies are kept in the sluice room and this practice is being monitored by nurse management.

All picture frames are in place.

All areas identified are requiring repainting to ensure a good standard of decorative maintenance will be completed. This will include walls and doors which were noted as scuffed. Outside painter contractors will be engaged to ensure this work is completed in a timely manner.

The protocols for maintenance requests protocols in have been revised to ensure both emergency and routine maintenance issues are responded to in a timely manner through the recruitment of additional staff to support the management in the centre.

The temperature of the bathroom in Padre Pio Unit is being monitored. A new radiator has been ordered to ensure the bathroom is adequately heated.

The source of the malodor in the bathroom has been identified and the matter addressed.

The roof repairs are now complete and residents have access to an outdoor space in Our Lady's Unit. The second outdoor space is having ground excavation work undertaken to ensure the surface is level and accessible by all residents.

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|----------------------------------|-------------------------|
| Regulation 27: Infection control | Substantially Compliant |
|----------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 27: Infection control:

A review of the procedures to ensure consistency with the National standards for Infection Prevention and Control in Community Services (2018) will be undertaken by an IPC audit and actions from the previous IPC audit will be reviewed to ensure all corrective actions are implemented.

1. Items stores on the floor have been removed. This will be reviewed as part of the cleaning audit on a routine basis. Date completed 28th March 2023
2. Deep cleaning records were originally kept in the sluice room in Autumn Lodge. The deep cleaning records have been relocated to the back of each room for accessibility and for checking to ensure cleaning is undertaken in line with the center’s policy and a deep clean in undertaken when a resident vacates a bedroom. Date completed: 9th March 2023
3. Deep cleaning of all en-suites in Padre Pio. Date completed: 25th April 2023
4. Windowsills have all been cleaned. The cleaning schedules are revised and audited by the Domestic Supervisor.
5. The paper towel dispenser has been repaired and is in working order. An audit has been completed of all hand towel dispensers throughout the centre to ensure all are operating. The Housekeeper’s cleaning schedule has been amended to include a check on paper towel dispenser routinely.
6. Items on the walls close to dispenser have been removed to ensure the hand dispensers are accessible and to mitigate any risk of infection or cross contamination

|                                 |                         |
|---------------------------------|-------------------------|
| Regulation 28: Fire precautions | Substantially Compliant |
|---------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All PEEP’s have been reviewed and updated. Date of review is now required to be written on the template Date completed: 8th March 2023
- All “slave doors” that are not connected to the fire alarm system are kept closed. Signage is on the door to inform staff keep the “slave doors” closed all the time. The

procedure for the operation of "slave doors" will be included in fire drill practices to ensure the learning is communicated to all staff. Date completed: 8th March 2023

- The directions from the assembly point from every final exit door have been identified. The evacuation plan has been updated. Directional signage outside final exit doors has been ordered.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- The layout of the wardrobes in multi-occupancy bedrooms in Padre Pio has been reviewed. Additional wardrobe storage is being sourced.
- Wardrobes will be located within easy access of each resident's bed space to ensure each resident has sufficient storage which is easily accessible.
- The privacy curtain rails around each bed space will be reconfigured to ensure resident's privacy.

## 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 12(a) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.          | Substantially Compliant | Yellow      | 15/09/2023               |
| Regulation 12(c) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes | Substantially Compliant | Yellow      | 15/09/2023               |



|                  |   |                         |        |            |
|------------------|---|-------------------------|--------|------------|
|                  | and other personal possessions.   |                         |        |            |
| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 15/06/2023 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.  | Not Compliant           | Orange | 01/09/2023 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.  | Substantially Compliant | Yellow | 15/06/2023 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and  | Substantially Compliant | Yellow | 15/06/2023 |

|                         |   |                         |        |            |
|-------------------------|---|-------------------------|--------|------------|
|                         | effectively monitored.  |                         |        |            |
| 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 | 30/05/2023 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.  | Substantially Compliant | Yellow | 30/05/2023 |
| Regulation 28(2)(i)     | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow | 08/03/2023 |
| Regulation 28(2)(iv)    | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.                     | Substantially Compliant | Yellow | 30/05/2023 |