



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:	Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000537
Fieldwork ID:	MON-0033518

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:	16
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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 7 February 2024	09:30hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following receipt of an application to renew the registration of St Joseph's Hospital Ardee. The inspector walked around the centre with the person-in-charge and met all the residents. Throughout the day, over 50% of residents spoke with the inspector and provided feedback on what it was like to live there.

On the walkabout the inspector observed that corridors were clutter-free and fire exits were kept clear. There was access to the garden from one of the living areas and residents could freely enter the garden if they chose to do so. The building which was initially built in 1780 was old and in need of repair in some areas. However, residents were very happy living there. The appearance of bedrooms varied between rooms, giving an individual appearance to each bedroom or bed space.

The inspector found that the environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Some residents were in one of the two sitting rooms reading the daily newspapers, while others were enjoying a late breakfast while watching televised Mass.

There was a list of activities available on the residents' notice board. During the morning, the inspector saw that the activities coordinator was actively participating in an activity with the residents in one sitting room. During the afternoon, there was a live music session, with one of the health care assistants singing to the residents. Residents were actively participating and appeared to be enjoying the music.

The inspector saw that the complaints policy was displayed in a prominent position, and there was a suggestions box available for residents or relatives to make comments or suggestions, with a specific request for suggestions, for a name, for the new planned building. When asked about making a complaint residents said that they have never had to complain about anything but, if they did they would inform the nursing staff.

Residents told the inspector that they had been brought across to see the new building. Although this was not completed, residents knew about it and said they were looking forward to choosing their new bedroom.

The inspector observed that there were sufficient numbers of staff available to assist residents at mealtimes. Staff facilitated residents with their meals in a discreet and un-rushed manner. Staff checked with the residents which meal they would prefer and ensured that the food was hot on arrival to the table.

There was a friendly relationship between the staff and residents. The inspector observed staff sitting and chatting with residents in a kind, patient and friendly

manner. Residents said their rights were upheld and that staff ensured this, the general opinion amongst residents was that the staff were excellent.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall the inspector found that the governance and management arrangements in the centre 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 and competent staff.

This was an announced 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 inspector 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 premises, to bring both into full compliance. The centres registration end date is 29 June 2024. The centre is old and in need of repair. The provider is in the process of building a new 50 bedded centre on the same site. The inspector saw that the new building was progressing well and was informed it was due for completion in the summer of 2024.

The governance of this centre was good. The provider was the Health Service Executive (HSE). The person in charge was supported by a general manager 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 as outlined in the updated statement of purpose.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspector 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 2023, it included feedback from residents and a quality improvement plan.

There was a full complement of staff in place in line with the planned rosters, with a small number of vacancies, being covered by agency staff.

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.

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

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre had been received and reviewed by the inspector prior to this inspection. The application requested was to renew the registration of 17 beds and all required documents were submitted.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 19: Directory of residents

The hard copy of the directory of residents was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 21: Records

A sample of records outlined in Schedule 2, 3 and 4 were requested and made available for review. For example, the inspector reviewed three staff files and saw that they were maintained as set out in Schedule 2 of the regulations. The files were stored safely and accessible on request.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover against injury to residents and other risks, including damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

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.

The annual review for 2023 had been completed. Feedback had been sought from the residents in relation to the quality of the service they received. This feedback together with a quality improvement plan for 2024 was included in the annual review.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents' health, social care and spiritual needs were well catered for. The condition of the premises remained an issue. However, the inspector was satisfied that the provider was actively addressing this issue in a timely manner. The inspector saw that the new building was in progress and was informed that it was due to be completed by the end of July 2024. The plan was to close the existing designated centre and transfer the 16 residents to the new building once registered as a designated centre for older persons.

Infection control practices had improved. The issues identified on previous inspections had been addressed. There were sufficient hand sanitisers available on the corridors, in addition, by each bed space there was a bottle of alcohol hand gel. However, the dedicated clinical hand wash sinks accessible to staff did not meet the standard for clinical wash hand sinks.

Equipment was observed to be clean, with a process in place to identify if, and when they had been cleaned.

Staff in the centre had completed safeguarding training and the centre's policy was up-to-date. Contact details including a phone number and email address for an independent advocacy group was displayed. There was an up-to-date policy covering pension agency arrangements and the handling of petty cash. The provider was a pension agent for a small number of residents. The inspectors saw evidence that monies collected were lodged into a residents' bank account.

The inspector reviewed a sample of resident's records and saw that residents were assessed using a variety of validated tools. This was completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required. Further improvements were required to ensure all detailed information identified on assessment was included in the care plan for that identified need.

The laundry service was good and the residents confirmed this by telling the inspector that their clothes were regularly laundered and returned to their rooms. Items of clothing were labelled with the resident's names to prevent loss. Residents had adequate storage for their personal possessions by their bed, including a lockable storage area.

The inspector was assured that residents received wholesome nutritious food. Food was prepared and served in line with specific dietary requirements which were listed in the kitchenettes. These lists were updated to reflect any changes to the residents dietary needs.

Staff informed the inspector that they had undertaken their fire training. The inspector saw records and reviewed equipment which showed that fire extinguishers, the fire alarm and emergency lighting were serviced as required. In addition, daily and weekly checks were conducted on fire exit doors, internal fire doors, emergency lights and a weekly check of the fire alarm was completed by staff.

Medications' were administered to residents in line with the centre's policy. The majority of regularly prescribed medications come individually packed from the pharmacy. Residents' had their medication stored in a locked cupboard by their bedside. The nurses held the keys for these cupboards. Controlled medications were stored appropriately in a double-locked cupboard.

Regulation 11: Visits

The registered provider had suitable arrangements in place to ensure that residents could receive their visitors with no restrictions. Residents were able to receive visitors in their bedrooms or in a dedicated quiet area within the centre.

Visitors were required to sign in on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control of their personal property, possessions and finances. There was a secure storage unit in each bedroom.

Laundry services were provided to residents and residents said this was well-organised.

All resident monies kept by the registered provider were maintained in line with best practice for safeguarding residents' finances.

Judgment: Compliant

Regulation 17: Premises

The premises were not in a good state of repair internally. For example;

- there were chipped door frames and skirting boards
- there was no privacy locks on some bedroom doors
- there was worn and heavily marked floor covering in some areas

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy available for review. It met the legislative requirements.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the wash hand sinks accessible to staff did not meet the required specifications for clinical wash hand sinks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire doors were clearly sign-posted and were free from obstruction. Fire doors were checked on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services
The medication administration was in line with current best practice. Medication was stored and dispensed in line with the regulations.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
The following gaps were identified: <ul style="list-style-type: none"> the inspector observed that although known by staff, one resident's personalised nutritional care plan did not reflect the fact that the resident was on a specialised diet. It did not reflect the specific clinical monitoring required for someone with this dietary requirement.
Judgment: Substantially compliant
Regulation 8: Protection
The safeguarding policy had been reviewed within a three year time frame. Staff had received refresher training in safeguarding vulnerable adults. Evidence that residents' pensions were being paid into a residents' account was available on request. As a result the inspector was assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.
Judgment: 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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0033518

Date of inspection: 07/02/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Person in Charge has obtained approval and a quotation has been obtained to complete required repairing of chipped door frames, skirting boards, and put locks on bed room doors which have not currently got privacy locks, and replace worn and heavily marked floor covering in areas identified by the chief inspector.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Person in Charge has obtained approval and a quotation to upgrade current wash hand sinks to the required specifications for clinical hand wash sinks.</p>	
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: 1. The person in charge has ensured that all residents nutritional care plans have been reviewed and updated. If any resident is on a specialised diet this is now reflected accurately in their personalised nutritional care plan to ensure appropriate clinical</p>	

monitoring and reviews are sought by allied health where required to guide care interventions.

2. 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 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.	Substantially Compliant	Yellow	31/07/2024
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	31/07/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	29/02/2024

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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