



**Health
Information
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Authority**

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 Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Patrick Street, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0036544

About the designated centre

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

The designated centre is registered to accommodate up to 50 residents. It provides 24 hour nursing care to male and female residents, who require long term and respite care. A day hospital adjoins the centre. Although the building is two storey residents are accommodated on the ground floor in two distinct units. Butterstream is a 14 bed dementia specific unit completed in October 2019, providing single bedrooms with shower en-suites for all residents and Camillus has 36 single bedrooms of which 34 have full shower en-suite facilities. Camillus unit is decorated and furnished to a high standard with spacious corridors, a variety of sitting/quiet rooms and seated areas, two dining and day rooms, a spacious chapel, an activity room, a library with computer facilities and a hair salon is available for residents' use. A secure and accessible courtyard is also available. Butterstream is specifically designed to meet the needs of residents with dementia providing a range of well thought out internal and external living spaces. The centre's philosophy is one of upholding the rights of residents, promoting independence, health and well-being and aimed at facilitating residents to receive a safe therapeutic environment where privacy, dignity and confidentiality are respected. Involvement of family and friends is encouraged to enrich care and contribute to a happy homely atmosphere.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

49

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 29 June 2022	09:00hrs to 17:20hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

Residents gave overall positive feedback on their living experience in the designated centre. The centre has a very homely feel and residents told the inspector that they were happy living there and that they felt safe. The interaction between staff and residents was relaxed and comfortable.

On the day of inspection the inspector was met by the person in charge. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting, the inspector did a walk-around the nursing home with the person in charge.

The entrance foyer was spacious and well maintained. There was plenty of seating available for both residents and their visitors to meet and chat. All bedrooms and facilities were based on the ground floor of the building. There were three units; Camillus upper, Camillus Lower and the Butterstream unit (dementia specific unit). Each unit had a spacious dining and sitting area. There was an enclosed garden between both Camillus units and the doors were open so that residents could come and go as they pleased.

The Butterstream unit had a separate courtyard for residents, and in addition, there was an enclosed street where residents were able to go for a walk. This street had been specifically designed to promote the wellbeing of residents with dementia or other cognitive impairments with brightly coloured mock shop fronts and seating. The inspector observed a grooming and beauty therapy room and doll therapy room available for residents' use. Included in one of these rooms was a bubble table for sensory diversion therapy. Residents were seen relaxing in the adjoining sensory room in the company of a staff to ensure their safety when the door was closed.

The residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Most residents had pictures, photographs and personal items on display in their rooms. The inspector observed that each room had ceiling mounted hoists to facilitate the moving and handling of residents if required. These did not impact on the residents' living space in the room.

The inspector observed residents utilising the various day rooms, small sitting rooms and the function room at various stages throughout the day of inspection. Most of these spaces were in close proximity to the residents bedrooms. There was a good variety of activities scheduled for residents and this was clearly displayed in the communal area. The activities coordinator planned a wide variety of activities seven days per week for the residents. There was a spacious hair salon available for residents to have their hair washed, cut and styled. The hairdresser was not on site the day of inspection but the residents informed the inspector that they loved having their hair done at the salon.

On the afternoon the majority of residents were in the large function room attending a music session with a local musician. Residents were seen to be singing along with the music. Some of the residents informed the inspector that this was their favourite activity and they found it uplifting. The residents informed the inspector that they had opportunity to go out on day trips. They really enjoyed these trips and a bus was provided to facilitate this.

There was a large chapel in the centre which could accommodate all residents, including those in wheel chairs. Some residents informed the inspector that this was important to them as they were able to attend mass there weekly. It was also a space where they could come and pray whenever they wanted.

In general the residents were happy with the laundry arrangements in the designated centre, and said that they get their clothes back clean and fresh every few days. Residents' clothes were washed in-house, while linen and towels were laundered externally. Clothing was labelled with residents' names to ensure it was returned to the residents. Some residents chose to send some items of clothing home for laundering which was facilitated by the staff. Residents informed the inspector on occasions, items of clothing had gone missing. However, the person in charge and director of nursing assured the inspector that on the rare occasion this happens they compensate the resident for any losses by paying the cost of replacement. One resident confirmed that this was the case when they lost an item of clothing.

The inspector observed residents during the lunch time meal. The residents were offered a choice of food. There was a large menu on the blackboard in the dining room but the staff were seen reminding the residents what was being served on the day. There were napkins and condiments available and one of the residents commented that they liked butter on their potatoes, and it was always available. Five residents informed the inspector that they liked the food that had been served at lunch time.

Residents said that the food served was of a very good standard; However some residents also mentioned that in the past few months they had complained to the person in charge about the quality of the food. They said that that the person in charge completed a survey with the residents to identify what they wanted. Changes had been made to the dishes served and they were very happy with the menu now. Evidence of this survey and a follow-up survey was available to the inspector to review. The residents told the inspector that they felt as if they had been listened to and said that they 'could not praise the staff more'.

The inspector observed that residents were able to choose when they wanted to get up in the mornings and were provided with meals to suit their schedule. Residents had access to daily newspapers, television, radio and the internet. The residents told the inspector that they had a monthly residents' committee meeting where they could make decisions affecting their living arrangements in the designated centre. The minutes of these meetings showed an active residents' committee and that each item was followed up prior to the next meeting. Two residents informed the inspector that the residential centre had won the nursing home of the year award

and said that this was not a surprise to them as they were very happy with the care they received. The certificate of achievement for Nursing Home/ Residential Care Home of the Year 2022 was prominently displayed in the foyer of the designated centre.

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

At the centre, the inspector found that residents were well supported and facilitated in living a good quality life. Resident of this centre benefited from well managed resources and facilities. There were good leadership, governance and management arrangements in place which contributed to the centre's high level of regulatory compliance.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to enable the Chief Inspector to progress the application to renew the registration of the centre. The centre caters for both long-stay and respite care residents. All rooms were single occupancy with full en-suite apart from two rooms which shared a large shower room.

The compliance plan from the previous inspection carried out in May 2021 was followed up. The inspector found that the compliance plan responses had all been implemented. The centre was well resourced. It was clean and tidy and furnished to a high standard.

The registered provider was the Health Services Executive (HSE). The person in charge was supported by the regional manager, Director of Nursing, clinical nurse manager, nurses, healthcare assistants, housekeeping, laundry, administrative, catering and maintenance staff, on the day of inspection. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. There was one clinical nurse manager 2 (CNM 2) and three clinical nurse managers 1 (CNM1) employed in the nursing home and arrangements were in place for the director of nursing or CNM2 to deputise in the absence of the person in charge.

Audits and improvement action plans were in place and overseen by the person in charge. There was good oversight of these audits and quality improvement plans at management level. Follow up of both clinical and non-clinical items were discussed at the senior management meetings and this was evident in the minutes of these

meetings.

There were an adequate number of staff on duty on the day of inspection and the staff roster showed that all shifts were covered. There was a low level of staff vacancies and the management team were actively recruiting additional staff into these posts. Staff were visible on the floor tending to residents' needs in a caring and respectful manner throughout the day of inspection. Call bells were answered in a timely manner. Some of the residents told the inspector that many of the staff had worked there for a long time and that they knew them quite well. The residents were heard addressing staff by their names and there was a comfortable rapport between them.

Staff informed the inspector that they had access to training and that the person in charge arranges training specific to their roles. Some healthcare assistants were currently undertaking a healthcare development programme to enhance their skills. Staff told the inspector that there was much more training available following the COVID-19 pandemic. Staff induction records reviewed showed that staff had received orientation and training on commencement of employment, and records were signed off by the assistant director of nursing or a clinical nurse manager.

The Directory of Residents was reviewed by the inspector, with a couple of minor gaps, all the required details were recorded in line with Schedule 3 of the regulations.

There was a low level of complaints within the centre. All complaints had been followed up in line with the centre's own procedure. There was one open complaint on file relating to a premises issue. This was not in relation to the residents care or safety. The residents said that their concerns or complaints were always followed up by the person in charge and that they always did their best to resolve any issues.

The annual review report on the quality and safety of care of residents in the nursing home was available to the inspector. It was very comprehensive and included details of residents satisfaction survey and opinions.

Registration Regulation 4: Application for registration or renewal of registration

A complete application for renewal of registration had been received in a timely manner. There had been no changes to the premises since the last registration.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill-mixes to meet the needs of the residents.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that staff had received their training and staff informed the inspector that they were facilitated to attend mandatory training and other training appropriate to their roles. There was an ongoing schedule of training in place to support staff.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 22: Insurance

The centre had a valid state indemnity confirmation statement for the residential centre. Residents and families were informed of this in the statement of purpose, residents' guide and contract for the provision of care.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided is safe,

appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed. These included details of the service provided and the fees to be charged for such services. The residents' rooms number was included in the contract of care. All rooms were single occupancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all the relevant information as set out in the Regulations. The description of the rooms in the Statement of Purpose corresponded with the floor plans and the floor plans reflected the design and layout of the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 policies and saw that they had been updated within the prescribed time frame.

Judgment: Compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the centre and that their healthcare needs were well met. Residents informed the inspector that they were content, were well looked after by the staff and felt safe. Some further improvements were required in relation to infection control practices as detailed under the individual regulation, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the

centre.

The inspector reviewed a selection of residents' assessments and care plans which were available on an electronic medical record. The inspectors saw that assessments and care plans were person-centered and were updated when residents' condition changed. When reviewing the care plans the inspector noted that they reflected some of the residents they had met on the day of inspection.

The inspector found that the care plans for those residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were detailed enough to inform staff of the care they required. Nutritional care plans contained details of the residents' likes and dislikes and informed staff about any preferences, including preferred meal times. End of life care plans were very specific to the individual residents. Their individual requests were recorded in detail to ensure that their wishes were met in the future.

There was good access to healthcare services including allied health professionals and established referral processes were in place. Access to a medical practitioners, consultants and allied health services was evident in the residents' records. Recommendations and treatment plans were updated in the residents' care plans.

There were no residents with pressure ulcers on the day of inspection. The inspector reviewed some care plans of those residents at high risk of developing pressure ulcers and saw that a multidisciplinary approach was used to prevent pressure ulcers including; the general practitioner (GP), dietician, occupational therapist and tissue viability nurse. A list of strategies for prevention of pressure damage was recorded in the residents' care plans. Involvement of families in resident's care reviews was also recorded in some of the care plans reviewed on the day of inspection.

Infection control practices were largely of a high standard. The housekeeping staff took the inspector through the process for cleaning the residents rooms and en-suites. The cleaning trolley was clean and organised and cleaning schedules were implemented throughout the designated centre.

Orientation signage had been put in place since the last inspection. This clearly helped the residents identify the different rooms and spaces throughout the centre. Clinical rooms did not have signage in place and this had been risk assessed by the management team, however there was a plan to place small signs on the clinical rooms to facilitate staff orientation within the centre.

Regulation 11: Visits

Visiting within the centre was being facilitated without restrictions and inspectors saw a number of residents receiving visitors in their bedroom and in the numerous sitting rooms. There was adequate space for residents to meet their visitors in areas

other than their bedrooms.
Judgment: Compliant
Regulation 12: Personal possessions
Residents could use the on-site laundry facility for laundering their clothes. Clothing was labelled and returned to their rooms clean and fresh. There was adequate storage for residents' clothing and personal possessions in their rooms. Each resident had access to a lockable unit for the storage of valuables.
Judgment: Compliant
Regulation 17: Premises
The premises was well maintained and appropriate to the number and needs of the residents living at the centre. There was adequate storage throughout the facility for equipment and supplies.
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. Information for residents was available on notice boards throughout the centre.
Judgment: Compliant
Regulation 27: Infection control
Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018). with the exception of the following issues identified: <ul style="list-style-type: none"> • There was inappropriate storage of hoists and clean supplies in the sluice rooms, which had the potential to lead to cross-contamination of clean items. • There was no clear process for the identification of clean equipment in place,

which did not allow staff to identify which and when items had been cleaned for example; glucometers in the medication room were not identifiable as clean posing risk of cross contamination.

- The sink in the sluice room was rusted therefore preventing effective cleaning.
- Some store rooms had items on the floor preventing effective cleaning

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person centred to reflect the individual residents' requirements and to assist staff in providing care for their individual needs. Assessments and care plans were completed and reviewed in line with the regulations. End of life care plans were detailed and reflected the resident's wishes.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a medical practitioner and other allied healthcare services. There was a clear process in place for referring residents for hospital consultations. Recommendations by these healthcare professionals were clearly reflected in the residents' care plans.

Judgment: Compliant

Regulation 8: Protection

Staff had completed safeguarding training and were aware of what to do if they suspected abuse. They felt confident to report any concerns that they might have.

Judgment: Compliant

Regulation 9: Residents' rights

There was a good variety of activities available in the centre. Occupational and recreational care plans were person centred and reflected individual residents' preferences.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Community Nursing Unit OSV-0000542

Inspection ID: MON-0036544

Date of inspection: 29/06/2022

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> <p>The Registered Provider and PIC accept the findings of the report. The following actions will address the compliance issues: Hoists and clean supplies are now appropriately stored in clean Store Rooms to minimise the risk of cross contamination. A tagging identification process is in place to ensure staff know what equipment is clean. Timescale – completed. The Sink in the Sluice room will be replaced. Timescale – To be completed 31st October 2022. A review has been completed on the Store rooms and actions commenced to install appropriate storage and trollies to ensure items are not on the floor and effective cleaning can take place. Timescale – to be completed by 31st October 2022.</p>	

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	31/10/2022