



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Unit, Listowel Community Hospital
Name of provider:	Health Service Executive
Address of centre:	St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	03 February 2021
Centre ID:	OSV-0000564
Fieldwork ID:	MON-0031326

About the designated centre

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

St Joseph's Unit is a designated centre that is part of the complex of Listowel Community Hospital, located on the outskirts of Listowel town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 20 residents. It is a single-storey building which also accommodates the 16 bedded short-stay 'District Hospital' and the outpatients department for outreach clinics and allied health professionals. It is set on a large HSE campus that accommodates the ambulance base, therapies, mental health outpatient services and another designated centre. St Joseph's unit can be accessed through the hospital's main entrance via a corridor through the 'District Hospital' short-stay unit. The layout of the centre comprises a long corridor with bedrooms on either side of the corridor. Residents' bedroom accommodation is provided in four single rooms, four four-bedded multi-occupancy rooms. All bedrooms have wash-hand basins, some have full en suite facilities; there are shower, bath and toilet facilities available throughout. Communal spaces comprise a large conservatory day room and dining room; both have comfortable seating and dining tables. There is a small visitors room alongside the day room; there are additional seating areas along the wide corridors, and the chapel is adjacent to the building. There is a secure garden area as well as walkways, seating area with shrubbery that can be viewed and accessed from the conservatory. St Joseph's unit provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 February 2021	10:00hrs to 17:15hrs	Breeda Desmond	Lead
Wednesday 3 February 2021	10:00hrs to 17:15hrs	Abin Joseph	Support

What residents told us and what inspectors observed

The inspectors arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

The designated centre was part of Listowel Community Hospital campus which accommodated the short-stay 'District Hospital' and the long-stay designated centre, St Joseph's Unit. Inspectors observed there were two entrances to the centre, one opposite the short-stay unit and the second by the main entrance to the hospital where community care offices were located. Staff changing facilities were available here for male and female staff. St Joseph's Unit was located beyond the main entrance after the community care offices. It was set out in one long corridor with a corridor to the right which led to the short-stay unit as well as offices of the person in charge, clinical nurse manager and administration. The main kitchen and access to the laundry was also located in this section.

There was a small family room to the left of the entrance with comfortable seating and tea and coffee making facilities and a fridge for families and residents to enjoy refreshments together. Overall, the premises was bright, clean and communal areas were pleasantly decorated. The dining room was a large room which led into the conservatory day room. Both rooms were decorated with items of domestic-style furniture such as dressers with chinaware and comfortable seating which provided a homely environment for residents to enjoy. A number of framed paintings and pictures coloured by the residents were displayed here. There was a large flat screen television so residents were able to access on-lone programmes. Due to the COVID-19 restrictions, residents were unable to attend mass in the church, but were observed to appreciate the daily mass celebration at 10:30am on the TV. They informed inspectors that it was streamed in different churches each morning, and on the day of inspection it was streamed from Turner's Cross church in Cork. Later in the morning, the activities co-ordinator facilitated prayer at mid-day for residents. The music centre had age-appropriate music playing for residents to enjoy. There was access to the enclosed garden from two large patio doors in the conservatory. Residents and the activities co-ordinator had set bulbs and flowers in flower pots the previous week and they were seen in the patio area of the garden. There were two comfortable seating areas outside the dining room on the corridor and residents were observed sitting here as resting places when they were exercising.

Residents' bedroom accommodation comprised four multi-occupancy bedrooms each accommodating four residents; these rooms had patio door access to the enclosed garden. Multi-occupancy bedrooms were on the left side of the corridor and there were four single bedrooms to the right of the corridor. Residents had new double wardrobes with integrated lockers to one side of the wardrobe. Shower and toilet

facilities were available throughout the centre.

Inspectors observed that residents were supported to experience a good quality of life which was respectful of their wishes and choices. The conservatory and dining room were decorated for the upcoming Valentine's Day with all shapes and sizes of hearts. Special 'love heart' shaped serviettes and special cupcake cases were ready to use on Valentine's Day. The activities coordinator explained the various plans for the Valentine's Day celebration including helping residents make personalised greetings cards.

Activities coordinator's file contained a large number of photographs depicting residents engaging in a lot of meaningful activities such as bingo, gardening, knitting, colouring, birthday parties and other seasonal celebrations. Inspectors observed a lot of positive interactions between residents and staff throughout the inspection. Staff in this centre supported residents' promotion of independence. Residents with different levels of communication abilities were skilfully managed by the staff in this centre. The activities coordinator ensured that all residents were consulted with and included in various activities during the day.

Residents appeared to enjoy their lunch in a clean, bright and calm dining area, adequately supervised and supported by skilled staff. Dining tables were arranged neatly with a clean white table cloth, colour printed menu card and a flower vase. Residents were assisted in a respectful manner without compromising their independence during meal time. Residents' likes, dislikes and choices were respected during meal time.

Minutes of three recent residents' meetings were seen from December 2020, October 2020 and July 2020. The latest meeting was conducted in three different groups to facilitate social distancing and promoting confidentiality. The topics discussed in these meetings included COVID 19, new visiting guidelines, respiratory etiquette, choice of late evening activities, progress of the new building, information on closed circuit television (CCTV), advocacy support group and spirituality aspects. Residents had opportunities to openly discuss their concerns and to be actively involved in the day-to-day running of the centre through this forum. The person in charge and clinical nurse manager had oversight of these minutes so that any issues raised could be remedied in a timely manner. Residents had access to SAGE advocacy services and information was displayed providing information on accessing this service.

Residents were encouraged and assisted to maintain their connection with the families and friends through visits, mobile phones and virtual platforms. Throughout the day, there was a lovely atmosphere, great craic, banter and social interaction observed. For example, there was a bingo session in the afternoon during which one resident got a phone call. The activities co-ordinator wanted to pause the game of bingo so the resident could take the call, however, the resident said she was having too much fun and did not have time to take the call and would phone them back later.

While the TV in the day room was a large flat-screen which residents could easily

see, some of the TVs in bedrooms, especially single bedrooms, were quite small and would be difficult to focus on the picture; another TV was placed alongside the resident's bed and could not be viewed when the resident was in bed.

COVID 19 vaccinations were being given to the residents in this centre on the day of inspection. One of the residents told the inspector that she was eagerly waiting for this vaccination for a long time. After getting vaccinated, residents said they were delighted and 'there was light at the end of the tunnel' and 'the road back to normality'. There was COVID-19 advisory signage and information displayed throughout the centre. Good hand hygiene practices were observed throughout the inspection and wall-mounted hand sanitisers were available throughout the centre. Photographs seen by inspectors showed staff teaching residents about hand hygiene and having a fun time doing it.

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

St Joseph's Unit, Listowel Community Hospital was a residential care setting operated by the Health Services Executive (HSE). The registered provider representative was the general manager for the CH04 area of the HSE. The person in charge was full time in post and was supported on-site by the deputy person in charge, senior nurses, care staff and administration.

The registered provider had applied to re-register St Joseph's Unit as per the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The application form was timely submitted and fees were paid. The statement of purpose and floor plans were also submitted, and were updated at the time of inspection to reflect the building as it is currently set out. The registered provider had applied to reduce bed occupancy to 20 beds, reducing multi-occupancy bedrooms from eight bedded to four bedded wards to enable privacy and dignity of residents as well as to ensure appropriate infection control measures in line with current Health Protection Surveillance Centre (HPSC) guidance for residential care settings. The findings from this inspection relating to the premises showed improvement from previous inspection findings as the numbers accommodated in the centre had reduced to 20 residents.

Overall, this was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a commitment to provide quality care that was person centred.

There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised

the general manager who was the registered provider representative (RPR), and the person in charge reported to the RPR. The person in charge was supported in her role by clinical nurse manager on site. Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser and human resources. A new infection prevention and control nurse specialist was appointed to the Kerry CH04 area to support services.

The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

COVID-19 serial testing was completed the day before inspection and vaccinations were facilitated on the day of inspection. The infection prevention and control (IP&C) self- assessment was completed and this showed a thorough review of the service and the controls in place to safeguard residents, staff and visitors to the centre. Peer review of donning and doffing of PPE was encouraged to ensure everyone was completing this in line with HPSC guidance. The COVID preparedness plan was updated in December 2020. This demonstrated a comprehensive review of the service and oversight of the needs within the service. The COVID action plan in place was easy to follow in the event of a confirmed case. The risk register identified risks associated with the impact of COVID-19 and additional control measures to mitigate identified risks.

Viclicity audit programme was discussed and the person in charge and CNM demonstrated thorough insight into the audit process, its value and the positive impact audit had on promoting a social model of care delivery. Evidence of this was observed in the positive social interaction and delivery of care observed, and feedback from residents.

The annual review for 2020 was set out in the format of the national standards. It described the actions taken to ensure and enable a person-centred approach to achieving the standard statement from the perspective of the resident. It was easy to read and accessible to all and contained lots of photographs of residents and their socialisation.

The Quality and Patient Safety folder was examined and minutes of these meeting had set agenda items in the format of the eight national standards and the actions being taken to promote a social model of care. The most recent minutes showed actions relating to COVID-19 impact and the national and local initiatives and control measures to enable safety of the service.

Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. A post falls analysis was undertaken to examine possible causes of falls incident and put in place remedial actions to mitigate recurrences to enable better outcomes for residents.

The evacuation floor plans were updated at the time of inspection to include a point of reference so that people would know the shortest and easiest escape route from their current location, should the need arise. Additional fire signage was required and the person in charge liaised with the fire officer on the day of inspection to

address this issue.

Building works were in progress at the time of inspection with the extension to the premises and it was anticipated that this would be completed by June or July 2021. Completion of these remedial works would address the issue of the multi-occupancy bedrooms highlighted earlier in the report. The laundry was being extended and upgraded and the person in charge explained they had sought advice from IP&C nurse specialist regarding the layout of the laundry to ensure it was in compliance with regulation 27 and associated national standards.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider representative had timely submitted the application to renew the registration of St Joseph's Unit, Listowel Hospital, and the associate fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated excellent knowledge regarding her role and responsibility and was articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was examined and demonstrated that staff had up-to-date

training in mandatory and other training such as infection prevention and control, hand hygiene and donning and doffing PPE. There was good supervision of staff to ensure oversight of care delivered.

Judgment: Compliant

Regulation 21: Records

A sample of staff files was examined and information required in Schedule 2 was in place including vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for all staff; these were securely maintained.

Judgment: Compliant

Regulation 23: Governance and management

The annual review for 2020 was available in an easy-read format for residents and their relatives to peruse.

A schedule of audits was in place; audits were routinely undertaken and the information was analysed along with feedback from residents to enable service delivery to be improved in accordance with the wishes of residents.

Peer reviews were in place for staff regarding care planning documentation and this has been a positive initiative where everybody involved has seen this as an avenue for learning and improving practice.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was displayed in the centre. It was updated at the time of inspection to include:

- responsibility of the person in charge for Listowel Community Hospital
- floor plans with room numbers, sizes and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit notifications and these were submitted in a timely manner and in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints records were examined. Issues were addressed in a timely manner by the person in charge or followed up by the person in charge as part of quality of life oversight.

Judgment: Compliant

Quality and safety

Inspectors observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were kind, and were familiar with residents preferences and choices and facilitated these in a friendly manner. Care practices were socially oriented and facilitated residents' choice.

The medical officer attended the centre on a daily basis and documentation showed that medications were regularly reviewed. Residents had timely access to psychiatry of old age, surgical reviews, geriatrician specialist and palliative care. Consent was signed by the resident for items such as photography, flu and COVID-19 vaccines.

A sample of care plan documentation was reviewed. Residents care plans and assessments were comprehensively updated in accordance with the regulations, they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs. Residents had behavioural support plans to trend and identify issues that may have triggered a resident's behaviour to enable better outcomes for residents. Staff spoken with had good insight into residents specific care needs relating to behaviours. While risk assessments were in place to support care relating to restrictive practice, alternatives to bed-rails could not be trialled for most residents as they were accommodated in multi-occupancy bedrooms, and items such as crash mats could not be used due to the risk of trips or falls to other residents.

Care documentation included information following discussion with residents, and when relevant, their next-of-kin regarding end of life care and interventions such as transfer to the acute care should the resident become unwell. This consultation was done in conjunction with the GP. 'Let me decide' document as well as related decisions were at the start of each person's notes so they could be easily accessed. COVID-19 care plans to support safe care during the COVID pandemic demonstrated a social model approach to ensure residents did not become lonely or isolated.

There was a 3-page document to be completed upon a resident transfer to another centre. Information here included the resident's care needs relating to communication, mobility, nutrition, breathing, personal care, continence and skin integrity along with personal and clinical background information. This ensured that there was comprehensive information available about the resident being transferred so they could be appropriately care for by the receiving facility.

Food and fluid balance charts were maintained when clinically indicated. Residents gave positive feedback regarding their meals, choices afforded to them, and choice where to dine. Most residents chose to have their breakfast in their bedroom and most had the rest of their meals in the dining room or conservatory day room. Mealtimes were protected and medication rounds were not undertaken during meals to facilitate a positive dining experience. Residents had access to dietician and speech and language services to enhance their quality of life and several residents had specialist food plans to support them.

All nurses were trained in palliative care and two had post graduate specialist training to support residents during this time. Syringe driver refresher courses were completed by nurses as part of their COVID preparedness programme. Two nurses were also trained to deliver training in safeguarding. A sample of staff files were examined and these were comprehensively maintained in line with regulatory requirements.

Controlled drug records were securely maintained and were comprehensive. The pharmacist was on site and provided support to the service regarding medication management.

Systems were in place to enable and ensure best outcomes for residents relating to antibiotic treatments with the introduction of an anti-microbial stewardship programme. An antibiotic log along with the rationale for the prescription formed part of the anti-microbial oversight. The CNM had introduced audit of antibiotic usage which further raised awareness of antibiotic prescribing as well as awareness of alternatives such as monitoring residents' fluid intake and exercise.

Good infection prevention and control measures and practices were observed. For example, good hand hygiene practices and use of person protective equipment. Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags; clinical waste procedures were seen to be robust.

The centre normally operated an open visiting policy but due to the COVID-19 pandemic visiting was restricted in line with Level 3 lock-down government

guidelines. There were clear notices displayed at all entrances to the centre regarding this. Nonetheless, arrangements were put in place to enable relatives to visit with residents for end-of-life and compassionate grounds. Window visits were also facilitated and inspector was informed by residents that staff were committed to ensuring they remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Let me decide care plans were updated in relation to COVID-19. Discussions were facilitated with residents, their next-of-kin, GPs and staff caring for residents. These care plans also supported residents with their mental health and prevention of loneliness and isolation; as well as supporting residents to keep in contact with their families and friends through whatsapp and skype. Some residents had their own mobile phones and the centre had i pads to facilitate residents to chat and see their families. Residents were kept informed of public health guidance, the different lock-down levels and what they meant along with the impact and precautions necessary at the particular level of lock-down.

There were lots of lovely photographs displayed of musicians in the patio, mocktails being enjoyed, up styling hair-dos, flower arranging, foot massage, demonstrating hand hygiene, i-pad conversations. There was a fantastic bingo session observed with lovely interaction and craic with spontaneous singing and joking with residents and staff.

The inspector observed that residents' independence was promoted and encouraged. There was a variety of activities available to residents to part-take. Daily newspapers as well as local magazines and news letters were available to residents. Residents' meetings were held on a two-monthly basis and minutes of these meetings showed that lots of issues were discussed and feedback sought. The activities person along with residents, families and friends had started 'My Life Story' for people to further support a holistic model of care. Residents had access to SAGE advocacy services and information was displayed providing information on accessing this service.

Regulation 10: Communication difficulties

The inspector observed that residents with communication needs were assisted in a kind and respectful manner which promoted their independence and ensured their dignity.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with Level 5 HPSC guidance, for

example, for compassionate reasons. The service was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to double wardrobes with integrated locker space in which they could store their clothing and personal belongings, including lockable storage for valuables.

Judgment: Compliant

Regulation 13: End of life

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. Residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19. Advanced care plans were in place for all residents and the inspector noted that discussions regarding potential care options were facilitated with residents or their representative. Care documentation included 'Let Me Decide' and 'End of Life Care Decisions for a Person Lacking Capacity'.

Judgment: Compliant

Regulation 17: Premises

Building works were near completion and it was hoped that the extension would be finished by June or July 2021. This would provide additional indoor and outdoor space for residents to enjoy. Nonetheless, due to multi-occupancy bedrooms, alternatives to bed rails such as low-low beds and alarm mats could not be trialled as they would pose a trip or falls risk to other residents in the bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were pleasantly presented and tables were nicely set for residents prior to their meals with delph, napkins and condiments. Inspectors observed that residents were assisted in an appropriate manner to enjoy their meal.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was a 3-page document to be completed upon a resident transfer to another centre. Information here included the resident's care needs relating to communication, mobility, nutrition, breathing, personal care, continence and skin integrity along with personal and clinical background information. This ensured that there was comprehensive information available about the resident being transferred so they could be appropriately care for by the receiving facility. Upon transfer back to the service, appropriate information was returned with the resident in the sample of records seen.

Judgment: Compliant

Regulation 26: Risk management

The COVID-19 preparedness plan and documents showed that risks associated with the impact of COVID -19 were identified and additional control put in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Infection control

Good infection prevention and control practices were observed on the day of inspection. Staff spoken with were knowledgeable regarding HPSC guidance and appropriate use of PPE was observed. COVID-19 precautionary signage was displayed at entrances and throughout the centre. Staff were observed reminding and encourage residents regarding hand hygiene.

Laundry was outsourced at the time of inspection due to the refurbishment of the laundry building, nonetheless, laundry was segregated at source and alginate bags were used when indicated.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate certification was evidenced for maintaining fire safety equipment. Fire safety checks were undertaken in accordance with legislation. Fire drills and evacuations were completed and times, actions and improvements were noted. Simulated evacuations of the largest compartment had been undertaken, to ensure that staff could effectively evacuate the compartment. Additional fire safety training was scheduled at the time of inspection. Fire evacuation floor plans were updated at the time of inspection to include a point of reference so that the plan was accessible to people.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The community pharmacist attended the centre on a weekly basis to provide expertise and was facilitated to meet the obligations to residents in line with legislation and professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments to guide care and documentation showed that residents were consulted with regarding their care. The sample of care plans and assessments reviewed demonstrated a holistic approach to resident care. Formal evaluations and effectiveness of residents' care plans were undertaken every four months or when the person's condition required. Residents had personal evacuation plans to support them and these included photographic identification, in line with best practice.

Judgment: Compliant

Regulation 6: Health care

Residents had daily access to on-site GP consultation and this was observed on

inspection. Residents medications were reviewed as part of their consultation with their GP. Vaccinations were administered on the day of inspection and re-swabbing facilitated prior to vaccinations as part of the ongoing COVID-19 protection programme in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behavioural support plans in place demonstrated effective strategies to support residents. Observations on inspection showed that staff had good insight into responding to and managing communication needs and provided support in a respectful professional manner.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and observations demonstrated that residents were treated with respect and a social model of care was promoted. Staff were appropriately supervised to ensure and enable a quality of life for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Observation on inspection and consultation with residents showed that this was a social model of care delivery, where residents choice and independence was encouraged and promoted.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Josephs Unit, Listowel Community Hospital OSV-0000564

Inspection ID: MON-0031326

Date of inspection: 03/02/2021

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: The new building is under construction since June 2020 and is currently progressing well. This will provide eight single bed rooms with en-suites, a new assisted bath and a new recreational room and quiet sitting room with an enclosed courtyard, to meet the holistic needs of the residents.</p> <p>The current unit will then be re-configured.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/08/2021