



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Overview of HIQA's monitoring activity in St. Joseph's Hospital, Ennis

OSV-0000613

May 2018

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** – Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

About the regulation of centres for older persons

The Health Information and Quality Authority (HIQA) regulates designated centres to safeguard vulnerable people who are receiving residential care services.

Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

HIQA has, among its functions under the Health Act 2007 as amended, responsibility to regulate the quality of service provided in designated centres for older persons.

Regulation has two aspects:

1. Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
2. Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to HIQA's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

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Executive summary

This report presents an overview of inspection activity carried out by the Health Information and Quality Authority (HIQA) inspectors in St. Joseph's Hospital, Ennis in 2017. This intensive programme of inspection activity was carried out to determine if the Health Service Executive (HSE) had ensured substantial improvements in the quality of life of residents living in St Josephs' Hospital.

St. Joseph's Hospital, Ennis is a designated centre for older people owned and operated by the HSE. The centre is registered to accommodate a maximum of 120 residents providing 24-hour nursing care long-term, short-term, respite, rehabilitation, palliative, and dementia care needs.

St. Joseph's Hospital has had a history of consistent failure to comply with the regulations, with non-compliances repeatedly reported since the centre was first registered in 2012. These regulatory failings meant that residents living there did not have their rights to privacy and dignity upheld and they were not facilitated to live active lives, free of institutional practices and regimes.

Between 2012 and 2016 inspectors from the office of the chief inspector have carried out six inspections of St. Joseph's Hospital:

- November 2012
- June 2013
- October 2013
- August 2014
- June 2015
- August 2016

During the course of these six inspections regulatory failings were repeatedly found in the following areas:

- Governance and management
- Safeguarding and safety
- Health and safety and risk management
- Safe and suitable premises
- Residents' rights dignity and consultation
- Residents' clothing and personal property and possessions.

As a result, on 16 January 2017, a proposal to renew the registration of St. Joseph's Hospital was issued with a condition to restrict any further admissions to the centre for a period of time.

"with the exception of the Holly Unit, the registered provider will not accept any further admissions to the designated centre, St. Joseph's Hospital, until a plan is submitted to the Chief Inspector which demonstrates that the privacy, dignity and quality of life needs of residents' currently residing in the centre, are met."

The rationale for this condition was twofold:

1. A temporary reduction in the number of residents would afford the registered provider and those working in St. Joseph's Hospital the opportunity to definitively address the regulatory non-compliances.
2. New residents would not be admitted to St. Joseph's until they were guaranteed a good quality of life in a safe environment, free of institutional practices.

The HSE was made aware that they could apply to have the condition restricting admissions removed and the designated centre could once again open to admissions once regulatory compliance had improved.

The HSE appealed this decision to restrict admissions, in Ennis District Court, on the basis that any concerns expressed by HIQA, other than those associated with the layout and condition of the building, had or were being addressed. In attributing remaining regulatory non-compliances to environmental restrictions of the building, the HSE sought to rely on Statutory Instrument (S.I.) 293.

In June 2016, the Minister for Health signed a statutory instrument, S.I. No. 293/2016, into law. S.I. 293 extended the time frame for a registered provider to demonstrate compliance with the regulations pertaining to the physical environment and bedroom sizes.

During court proceedings the HSE contended that all remaining regulatory non-compliances could be attributed to environmental restrictions of the building which accommodated St Joseph's Hospital. However HIQA argued that S.I. 293 was specific to a small number of issues, primarily minimum floor space and number of people to be accommodated in a room. It was further argued that the S.I. did not remove the requirement for registered providers to adhere to any of the other care and welfare regulations.

Initial court proceedings in June 2017 were adjourned to afford the HSE a further three months to demonstrate improved regulatory compliance. A second three-

month adjournment in September 2017 concluded in December 2017. The three inspections referenced in this overview report were carried out in April, September and November 2017 to inform the above proceedings and to monitor regulatory compliance.

Over the course of this period of inspection and monitoring by HIQA, the culture of the centre moved from a medical model of care grounded in institutional practices towards a social model of care. As part of this, there was a significant increase in the amount and variety of social activities available to residents and, as a result, an increased number of residents were participating in activities to enhance their quality of life. Senior staff spoken with considered that the most positive change over this period of time was the notable move towards a social model of care.

The three inspection reports¹ on St. Joseph's Hospital also acknowledge that significant structural improvements had been made in the Ash Unit, and these were positively impacting on residents' quality of life. These reports also acknowledge the provision of additional communal and dining space, improvements to the corridor linking access from the Hazel and Alder Units to communal rooms, the removal of locked doors and improved access to the garden. These improvements extended and enhanced the living space available to residents in each unit.

However, these reports also identify significant regulatory non-compliances in the Hazel and Alder Units. At full occupancy, both the Hazel and the Alder Units can accommodate 42 residents each, mainly in multi-occupancy rooms accommodating up to six residents. These multi-occupancy ward areas were not conducive to ensuring staff could meet residents' privacy and dignity needs and did not afford adequate living or storage space for residents. Furthermore, this was not an optimum working environment for staff.

During the course of these three inspections, the number of residents accommodated in St Joseph's Hospital remained between 90 and 100. As a result, the number of residents accommodated in the Hazel and Alder Units was such that there was a maximum of four residents in each multi-occupancy room (these rooms normally accommodated six residents). Undoubtedly, the most significant improvements found over the three inspections were as a direct result of this reduction in occupancy: residents living in these units now had more space to carry out their activities of daily living in privacy and dignity, for storing personal belongings and to receive visitors. This finding was supported by feedback from residents, staff and relatives who informed inspectors that this change had made a very positive difference to the quality of life of those residents living in these units.

¹ Inspections of St Joseph's Hospital took place on 25 and 26 April 2017, 04 and 5 September 2017, and 21 and 22 November 2017

However, the absence of a commitment to maintaining some of the changes that were associated with improved regulatory compliance, including reduced occupancy of the Hazel and Alder Units, gave rise to substantial concerns about the sustainability of some of the reported improvements.

As a result of HIQA's monitoring activity, the noted improvements in regulatory compliance and the short-term solutions to some aspects of non-compliance, the Office of the Chief Inspector of Social Services in HIQA registered this centre with the following conditions:

- Condition 8

That at any time that the number of residents in the designated centre exceeds 100, or falls below 100, that the Chief Inspector be notified of same within 72 hours.

This condition was attached because although significant improvements were noted in the latest inspection report of 21 and 22 November 2017, concern remains that the improved regulatory compliance may not be sustained in the event that occupancy levels in the centre increase above 100.²

- Condition 9

At all times and if the number of residents in the designated centre exceeds 100 residents, the Registered Provider shall ensure that such excess does not worsen regulatory compliance or compliance with all other conditions of registration and does not impact upon the lived experience and quality of life of the residents.

This condition was attached because the November inspection identified that a number of the improvements were temporary in nature, particularly in regards to the availability of living space and dining space, and associated privacy and dignity issues. In the event of the occupancy of the centre increasing, the Chief Inspector needs to be assured that measures are in place to protect the privacy and dignity of resident's, ensure adequate living, dining and storage space for residents and an optimum working environment for staff.

² An occupancy rate of 100 allows 12 beds in the Holly Unit, 24 beds in the Ash Unit, 32 beds in the Hazel Unit and 32 beds in the Alder Unit

Introduction

The report sets out the Health Information and Quality Authority's (HIQA's) monitoring activity of St. Joseph's Hospital, Ennis during 2017. Three inspections of the centre were carried out in 2017, as well as formal meetings between the HSE and HIQA, and legal intervention.

St. Joseph's Hospital, OSV-0000613

St. Joseph's Hospital, Ennis is a designated centre for older persons. In 2012 the centre was registered to accommodate a maximum of 120 residents providing 24-hour nursing care long-term, short-term, respite, rehabilitation, palliative, dementia care needs. The centre provides accommodation for older people in four separate units:³

- The Hazel Unit (42 beds)
- The Alder Unit (42 beds)
- The Ash Unit (24 beds)
- The Holly Unit (Dementia care unit with 12 beds).

The Health Service Executive (HSE) is the registered provider of St. Joseph's Hospital, Ennis. Within the HSE, responsibility for St. Joseph's Hospital is delegated to the Chief Officer of Community Healthcare Organisation (CHO) Area 3. The Head of Social Care and the General Manager of Older Person's Residential Services in CHO Area 3 are senior HSE managers who also participate in the management of St. Joseph's Hospital. The person in charge has day-to-day responsibility for the oversight and management of the centre; two assistant directors of nursing, 12 clinical nurse managers, staff nurses, multi-task attendants, catering, maintenance and administration staff all report to the person in charge.

Background

St. Joseph's Hospital, Ennis was first registered as a designated centre for older persons in June 2012 and has consistently failed to comply with the regulations⁴ since that time. As a result, residents living in the centre have not had their rights to privacy and dignity upheld, and were not facilitated to live active lives free from institutional practices and regimes. Findings of regulatory non-compliances were repeated over the course of five inspections between 2012 and 2015.

In 2015, the HSE applied to renew the registration of St. Joseph's Hospital. Due to the concerns for the care and welfare of the residents, a decision was made not to renew the registration at that time to afford the HSE additional time to address the regulatory non-

³ The 22 rehabilitation beds in the Cherry unit at this hospital are not part of the designated centre.

⁴ Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

compliances and improve residents' quality of life.⁵ However, a follow-up inspection in June 2016 found that regulatory compliance had deteriorated, rather than improved.

Table 1 details the chronology of inspections and the number of regulations that were breached in St. Joseph's Hospital between November 2012 and August 2016.

Table 1. Chronology and findings of regulatory non-compliances

Inspection	Type	Number of regulations breached	Outcomes with regulatory non-compliance
27 November 2012	10-outcome inspection	15	N/A ⁶
13 June 2013	10-outcome inspection	16	N/A ⁷
30 October 2013	Follow-up inspection	11	4 moderate non-compliances
12 August 2014	Thematic inspection	8	2 major and 3 moderate non-compliances
17 June 2015	18-outcome inspection	23	1 major and 7 moderate non-compliances
18 August 2016	Follow-up inspection	17	3 major and 4 moderate non-compliances

Following each inspection, the HSE was issued with an action plan requiring it to take action to address the regulatory failings identified during the course of that inspection. However, the HSE failed to take proactive actions to address the issues identified and failed to put a coherent and sustainable plan in place to improve the quality of life for residents in St. Joseph's Hospital. Sections of action plans to address regulatory non-compliance were resubmitted from one inspection to the next, despite the fact that the proposed action had previously failed to address the issues of concern. In other cases, the proposed actions were either not implemented or only partially implemented. Overall, the HSE took a reactive rather than a proactive approach to addressing accepted regulatory failings.

⁵ Section 48 (4) If an application under subsection (1) for the renewal of the registration of a designated centre is made within the time limited under subsection (3) and the decision under section 50 to grant or refuse the registration is not made before the expiry date of the current registration, the registration remains in effect until that decision is made.

⁶ Non-compliance descriptors were not used by HIQA at this point.

⁷ Non-compliance descriptors were not used by HIQA at this point.

In addition to the above inspection activity, the HSE was required to attend two meetings (August 2014 and October 2016) with the Office of the Chief Inspector where the seriousness of the situation and the requirement for urgent sustained action to address quality of life issues, institutional care practices and limited activation and stimulation for residents in the designated centre were repeatedly detailed.

As a result of the extensive regulatory non-compliance and an increasing failure to improve the quality of life of residents, on 16 January 2017 HIQA issued a notice of proposal⁸ to the HSE to renew the registration of St. Joseph's Hospital, but to restrict any further admissions to the centre.⁹

“with the exception of the Holly Unit, the registered provider will not accept any further admissions to the designated centre, St. Joseph's Hospital, until a plan is submitted to the Chief Inspector which demonstrates that the privacy, dignity and quality of life needs of residents' currently residing in the centre, are met.”

Attaching a restrictive condition of registration to a centre is a significant step which HIQA only takes when other regulatory engagement has failed to achieve improved regulatory compliance. The rationale for proposing to attach a restrictive condition to temporarily cease admissions to St. Joseph's Hospital was twofold:

1. A temporary reduction in the number of residents would afford the registered provider and those working in St. Joseph's Hospital the opportunity to definitively address the regulatory non-compliances.
2. New residents would not be admitted to St. Joseph's until they were guaranteed a good quality of life, in a safe environment free of institutional practices.

HIQA requested that the HSE submit a plan to the Chief Inspector that demonstrated how the privacy, dignity and quality of life needs of residents currently residing in the centre would be met. The HSE was advised that once this plan was received, the HSE could apply to remove the condition restricting admissions and the designated centre could once again open to admissions in all units.

In reply to this notice, the HSE submitted documentation describing the progress to date in achieving regulatory compliance and an updated plan to address the continuing non-compliances. This documentation failed to demonstrate sufficient improvements in the quality of life for all residents in St Joseph's Hospital.

⁸ Section 53 (b) of the Health Act 2007 (as amended) requires the Chief Inspector to give a registered provider written notice of any proposal to grant an application to renew the registration of a designated centre subject to any conditions.

⁹ The Holly Unit was excluded from this condition; admissions could have continued uninterrupted in that unit which demonstrated significantly better regulatory compliance.

Therefore on 16 February 2017 a notice of decision¹⁰ to register the designated centre with the previously described condition 8 was issued.

In March 2017, the HSE issued proceedings to appeal the notice of decision in Ennis District Court on the basis that any concerns expressed by HIQA, other than those associated with environmental restrictions, had or were being addressed. The HSE contended that remaining regulatory non-compliances could be attributed to restrictions of the current building which accommodated St. Joseph's Hospital.

In attributing remaining regulatory non-compliances to environmental restrictions, the HSE sought to rely on S.I. 293, a statutory instrument issued in June 2016. S.I. 293 extended the time for registered providers to demonstrate compliance with regulation 24 and schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 until 31 December 2021. The HSE has previously undertaken to replace St. Joseph's Hospital with a 50-bedded purpose-built facility by 31 December 2021.¹¹

However, legal counsel for HIQA argued that the statutory instrument was specific to a small number of issues, primarily minimum floor space and number of people to be accommodated in a room. It was further argued that these provisions did not remove the requirement for registered providers to adhere to any of the other care and welfare regulations

Regulatory plan

The three inspections referenced in this overview report were carried out to inform the response of the Chief Inspector in the initial court action and to assess what progress was being made in dealing with the regulatory non-compliances during two subsequently agreed three-month adjournments of the court hearing. These inspections were carried out in April, September and November 2017.

In addition, on 28 June 2017, in accordance with the initial court agreement the HSE was invited to a meeting with senior personnel from the Office of the Chief Inspector. The purpose of this meeting was to set out the areas of regulatory non-compliance in St. Joseph's Hospital of greatest concern.

During the course of this meeting, HIQA re-emphasised the need to ensure that significant improvements were made to the lived experience of residents in St. Joseph's Hospital, and advised the HSE that follow-up inspections would focus specifically on the aspects of persistent regulatory non-compliance:

¹⁰ Section 55 (1) (b) of the Health Act 2007 (as amended) requires the Chief Inspector to give a registered provider written notice of any decision to grant an application to renew the registration of a designated centre subject to any conditions.

¹¹ To date, time-bound costed plans for the project to replace St. Joseph's Hospital in Ennis have not been received by HIQA.

- Outcome 2: Governance and management
- Outcome 7: Safeguarding and safety
- Outcome 8: Health and safety and risk management
- Outcome 12: Safe and suitable premises
- Outcome 16: Residents' rights, dignity and consultation
- Outcome 17: Residents' clothing and personal property and possessions

The monitoring approach in relation to each of these outcomes was explained in detail during the course of that meeting and confirmed in subsequent correspondence.

A further meeting took place on 12 October 2017 to acknowledge progress that had been made in the intervening period and to identify areas of continuing concern.

Table 2. Engagement with the HSE on St. Joseph's Hospital in 2017

Engagement	Date	Brief Description
Unannounced inspection	25 and 26 April 2017	Unannounced inspection to monitor compliance with the regulations
Meeting between HIQA and the HSE	28 June 2017	Meeting to set out the areas of regulatory non-compliance of greatest concern
Unannounced inspection	04, 11 and 12 September 2017	Unannounced inspection to monitor compliance with the regulations
Meeting between HIQA and the HSE	12 October 2017	Meeting to acknowledge progress and identify areas of continuing concern
Unannounced inspection	21 and 22 November 2017	Unannounced two-day inspection to monitor compliance with the regulations

Overview of regulatory findings

Three inspections of St. Joseph's Hospital, Ennis were carried out in April, September and November 2017 to assess what improvements in regulatory compliance had been achieved and if these improvements were having a positive impact on the lived experience of the residents living in the designated centre.

Table 3 details the chronology of inspections and the number of regulations that were breached in St. Joseph's Hospital over the course of the three inspections.

Table 3. Inspection findings in 2017

Inspection	Type	Number of regulations breached	Outcomes with regulatory non-compliance
25 and 26 April 2017	Follow-up inspection	16	3 major and 4 moderate non-compliances
04, 11 and 12 September 2017	Follow-up inspection	12	3 major and 3 moderate non-compliances
21 and 22 November 2017	Follow-up inspection	12	2 major and 2 moderate non-compliances

The cumulative findings of these inspections will be presented under the following key outcomes:

- Outcome 2: Governance and management
- Outcome 7: Safeguarding and safety
- Outcome 8: Health and safety and risk management
- Outcome 12: Safe and suitable premises
- Outcome 16: Residents' rights, dignity and consultation
- Outcome 17: Residents' clothing and personal property and possessions

Outcome 2: Governance and management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support. As per the regulations, the registered provider is required to ensure that the quality of care and experience of residents are monitored and enhanced on an ongoing basis, and that effective systems of management with sufficient resources are in place to ensure the delivery of safe, quality care services. This outcome was assessed during the course of the April and September inspections.

Judgment: In April and September 2017, inspectors found that the governance and management arrangements in St. Joseph's Hospital were not sufficiently robust with a finding of moderate non-compliance¹² attributed to these arrangements.

Outcome 02: Governance and management

Inspection	Regulatory judgment
April 2017	Moderate non-compliance
September 2017	Moderate non-compliance

There was a clearly defined management structure in the centre. The person in charge was supported on a daily basis by two assistant directors of nursing (ADONs) and a team of clinical nurse managers (CNMs).

Inspectors examined the oversight of the quality and safety of care in the centre, including clinical supervision and audit. An annual review had been completed by the provider for 2016, and there was a system in place to regularly audit falls, nursing documentation, and medication management. However, it was not clear to inspectors whether action was taken to address deficits found in audits. For example, in April 2017 an audit on staff use of the new resident repositioning charts found the charts had not been utilised as appropriate. However, no action was taken to address this. A number of residents in the centre had pressure sores at that time, and the provider could not be assured that vulnerable residents at risk were being effectively cared for. While the systems of clinical supervision and oversight had improved by September 2017, the systems for oversight were not sufficiently robust as issues such as care plan omissions and unsafe medication management practices persisted.

¹² A judgment of moderate non-compliance means that priority action is required by the registered provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

The registered provider failed to ensure that the centre prioritised the safety of residents. During both the April and September 2017 inspections, inspectors found that the HSE had failed to address unsafe practices such as the storage of chairs and hoists in hallways, bedrooms and shower areas and residents not having easy access to mobility aids. As a result, vulnerable residents were living in a cluttered environment where they did not have a clear passageway to walk through, could potentially injure themselves, and had difficulties in accessing their mobility aids.

The provider repeatedly failed to ensure that the service provided reflected what was declared in the centre's statement of purpose. The statement of purpose described the philosophy of the centre as one which strives to provide a safe, happy and homely environment, while helping older people to maximise their health and social wellbeing. However, the service being provided was a medical model of care, rather than a social model. The statement of purpose also stated that the centre aimed to 'encourage individual choice and participation in aspects of life within the centre', but this objective was not being met.

Furthermore, the provider failed to ensure there was a sufficient of bathrooms, recreational, sitting and dining space. The lack of access to these facilities negatively impacted on residents' quality of life, choice and independence and contributed to institutional practices. When additional facilities were made available,¹³ the locations of these were not easily accessible for residents and staff. For example, many residents would not avail of the new dining facilities provided because they perceived this to be outside the boundaries of their living space and residents did not want to leave the areas they knew and were comfortable with. Inspectors understood that for residents who had lived in St. Joseph's Hospital for a prolonged period of time. such institutionalised behaviours would take time to address. However, during the course of the September inspection inspectors found some new residents had also begun to adopt these institutionalised practices, as evidenced by a newly admitted resident spending the day of inspection, including mealtimes, sitting by her bedside. This was a matter of extreme concern for the inspectors as it again showed that despite repeated action plans institutional practices remained unaddressed and were impacting on the quality of life of new residents taking up accommodation in St. Joseph's Hospital.

Outcome 07: Safeguarding and safety

A registered provider must ensure that there are measures in place to protect residents from being harmed or suffering abuse and that appropriate action is taken in response to allegations, disclosures or suspected abuse. A registered provider

¹³ A staff sitting room located on an external corridor was converted to a day room for residents in early 2017.

must also ensure that residents are provided with support that promotes a positive approach to behaviour that challenges and a restraint-free environment.

Judgment: Over the course of inspections in 2017, improvements were made in the measures in place to protect residents from being harmed. By September 2017, inspectors were satisfied that staff had appropriate training on responding to allegations or disclosures of actual or suspected abuse, and residents are provided with support that promotes a positive approach to behaviour that challenges and a restraint-free environment.

Outcome 07: Safeguarding and safety

Inspection	Regulatory judgment
April 2017	Moderate non-compliance
September 2017	Compliant

Training records indicated that all staff had attended training in the protection and safeguarding of older adults. A social worker for the protection of older adults based on the campus was accessible for advice and support. Staff spoken with demonstrated appropriate understanding of the different types of abuse. Residents stated that they felt safe in the centre.

Plans of care to guide the management of behaviours associated with the behaviour and psychological symptoms of dementia (BPSD) were in place. The plans were individualised and staff spoken with were familiar with the strategies to be employed to support residents. However, during the course of the April inspection, it became clear that the HSE had not adhered to a previous undertaking to ensure all staff had training in updated knowledge and skills to manage BPSD. The required training had been completed by the September inspection.

A restraint register was maintained and risk assessments had been undertaken where bedrails were in use. Consent forms had been signed for the use of bedrails and bedrail use was reported to HIQA in line with the regulations. However, inspectors found a lack of understanding throughout the organisation about other forms of restraint. A bed table was strategically placed in front of a chair to restrict a resident from moving freely. A staff member confirmed to inspectors that 'in an ideal world the resident would have one-to-one care' and the bed table would not be necessary. In practice, this meant that in the absence of an allocated staff member, a bed table was used to confine a resident to a chair. The resident's mobility aid was not accessible and the resident could not get up and walk around or access the toilet facilities when they wished or needed to.

A review of such practices during the September inspection indicated that the HSE had taken action. New bed tables had been provided, and the aforementioned practice of restraint had ceased. The noted improvements in training, reduced restraint practice and a service that was now learning from the notifiable incidents and changing practice resulted in a finding of compliance¹⁴ for this outcome following the September inspection.

Outcome 08: Health and safety and risk management

A centre focused on health and safety and risk management is continually looking for ways to be more consistent and improve the quality and safety of the service it delivers. A registered provider is required to demonstrate that the health and safety of residents, visitors and staff is promoted and protected.

Judgment: Over the course of the three inspections, there was evidence of improvements in risk management processes. Inspection findings of moderate non-compliance in April and September improved to a finding of substantial compliance¹⁵ during the November inspection.

Outcome 08: Health and safety and risk management

Inspection	Regulatory judgment
April 2017	Moderate non-compliance
September 2017	Moderate non-compliance
November 2017	Substantial compliance

Inspectors consistently found that the HSE had effective arrangements in place to support fire safety. The fire register was well maintained, and the fire detection and emergency lighting systems were inspected and tested quarterly. Fire fighting equipment was serviced and information on fire management was prominently displayed. A staff training programme on fire management safety was in place which included the procedure and actions to be taken to evacuate all residents from the centre. Records indicated that all staff had attended fire safety training.

Inspectors also found appropriate systems were in place to ensure that staff attended regular infection control training, including training in hand washing techniques. Clinical waste was appropriately managed and a cleaning rota was in

¹⁴ A judgment of compliant means that no action is required as the provider or person in charge (as appropriate) is in full compliance with the relevant regulation.

¹⁵ A judgment of substantial compliance means that some action is required by the registered provider or person in charge (as appropriate) to fully comply with a regulation.

place supported by approved documentation. Equipment including hoists, used in manual handling, and electric beds were serviced in line with mandatory requirements.

Over the course of these inspections, the registered provider addressed a number of risks identified by inspectors:

- appropriate individual risk assessments were not carried out for all residents, including assessment for risk of choking and falls,
- failure to adhere to evidence-based isolation practices,
- lack of grab-rails in a number of toilet areas,
- unsafe storage of resident-specific clinical equipment,
- unsuitable items stored in electrical cupboards,
- unsafe storage of disposable clinical products,
- a strong and lingering smell of urine in a number of toilet and shower rooms,
- inadequate cleaning practices in some areas of the designated centre.

While a number of these issues were addressed by the November 2017 inspection, several key risks persisted:

- Single bedrooms had very restricted space for the safe care of residents who required the use of a hoist for movement and transfer. Staff informed inspectors that items of furniture had to be moved out of these rooms when a resident required a hoist transfer. The bed had to be moved to the middle of the room and there was limited space to manoeuvre the resident, the hoist and the resident's chair, as well as accommodating the two staff required to support a resident when a hoist was in use. There was no risk assessment in place to inform the management of this risk.
- Dedicated cleaning staff were not employed in the centre. At assigned times, a nominated healthcare assistant staff member ceased their caring duties and commenced their cleaning duties. This practice has significant infection control risks and implications for cleaning regimes.

Outcome 12: Safe and suitable premises

A registered provider must ensure that the design and layout of a designated centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way.

Judgment: The design and layout of St. Joseph's Hospital does not ensure the privacy and dignity of those living there. The premises does not facilitate residents to have access to suitable facilities for safe-keeping of valuables and valued possessions.

Outcome 12: Safe and suitable premises

Inspection	Regulatory judgment
April 2017	Major non-compliance
September 2017	Major non-compliance
November 2017	Major non-compliance

The centre provides accommodation for older people in four separate units:¹⁶

- The Hazel Unit (42 beds)
- The Alder Unit (42 beds)
- The Ash Unit (24 beds)
- The Holly Unit (Dementia care unit with 12 beds)

For a number of years, Holly Unit has provided a standard of accommodation that was superior to that available across the rest of the centre in terms of décor, a choice of single or twin bedroom accommodation, personalisation of bedroom areas, access to toilet and bathroom facilities, and easy access to additional dining and day space within the unit to enhance residents' daily lives.

Following receipt of the notice of proposal to attach a condition to the centre's registration in January 2017, the HSE commenced renovation of the Ash Unit.¹⁷ These renovations resulted in the amalgamation of the Rowan Unit (previously unused) and the Ash Unit to create a new larger unit comprised of six four-bed rooms, each with an en-suite bathroom. A large day room and a dining room, on the unit and easily accessible to residents, were also provided. During the April 2017 inspection, the completely renovated unit was homely and decorated to a high standard. Residents, relatives and staff all expressed their satisfaction with the improved living experience in the unit.

Since the commencement of regulation, the Hazel and the Alder Units were each configured to accommodate 42 residents with five six-bedded rooms, two five-bedded rooms and two single rooms. These rooms were institutional in appearance

¹⁶ The 22 rehabilitation beds in the Cherry Unit of St. Joseph's Hospital are not part of the designated centre.

¹⁷ Prior to these renovations, the Ash Unit consisted of four bedrooms each accommodating six residents with no access to day or dining facilities.

with little evidence to show that the provider had made any attempt to personalise any resident's living space.

The only communal space available for residents on these units was a small alcove off the main corridor of each unit with seating for approximately six residents. As a consequence, the majority of residents spent their days either in bed or in a chair beside their bed with little stimulation, activation or social interaction.

There were not enough showers in each unit for residents to use and there was no bath available should a resident wish to have one. There were two showers potentially available in both the Hazel and the Alder Units;¹⁸ however the showers were not always working or were often used to store wheelchairs, specialised seating, mattresses and other items. This meant that residents were not afforded showers on a regular basis. Documentation for one resident indicated that she had only been facilitated to have one shower in the month prior to the September 2017 inspection.

By November 2017, incremental improvements were noted in the environment for the residents living on the Hazel and Alder Units:

- A staff dining room across the corridor from the entrance to the Alder Unit was converted into a dining room for residents. This was decorated with suitable pictures and oilcloth tablecloths, with menus displayed on each table.
- The sun lounge and seomra cuirte had been refurbished and the long corridor was newly painted and floored providing additional communal space. Fresh flowers, lighted lanterns, softer lighting and additional seating areas added a softer, more homely ambience.
- Improvements were seen in the personalisation of bed spaces, with many residents now displaying personal photographs in their living space.
- Two empty beds were removed from each six-bedded area in both the Hazel and Alder Units increasing the space available for residents, while also reducing the noise and smells associated with a larger number of people occupying a confined space.
- A new storage room was constructed external to the Alder Unit.

Over the course of the three inspections, the number of residents accommodated in St. Joseph's Hospital rarely exceeded 100. This reduction in the number of residents was mainly evident in the Hazel and Alder Units. Inspectors found that reduced occupancy of these units significantly improved the privacy, dignity and space for

¹⁸ At full occupancy the Hazel and Alder Units can accommodate 42 units.

residents. This was also reiterated by residents, relatives and staff. However, the HSE categorically informed inspectors that the reduced number of residents in multi-occupancy rooms was a temporary measure only, and that the rooms would not be permanently reconfigured¹⁹ to sustain the acknowledged improvements. Therefore, notwithstanding the improvements made, this area continues to be in major non-compliance for the following reasons:

- A number of residents living in these units continued to spend the day either in bed or by their bedside as a result of the lack of access to communal space for socialising within the confines of the Hazel and Alder Units.
- Despite the reduced occupancy, the two units remained configured to accommodate 42 residents. The additional space available was not used to meaningfully and substantially increase or enhance the living space available to individual residents. For example, the majority of residents were still allocated half-height, slim wardrobes which were insufficient for storing their belongings. In some cases, the extra space had been used for the storage of hoists and other equipment rather than for the benefit of residents.
- The additional dining facilities were not consistently utilised. In November, inspectors found that the majority of residents living on the Hazel and Alder Units continued to have their evening meal either at their bedside or in bed (21 of 26 residents on the Hazel Unit and 24 of 29 on the Alder Unit). Furthermore, dining facilities were not used for any residents at breakfast time on the second day of the November inspection.

These findings and the HSE's failure to sustain the improvements associated with the reduced occupancy in the Hazel and Alder Units mean that risks to vulnerable residents remain, including decreased mobility, isolation, boredom, depression and loneliness, and increased mortality and morbidity.

Outcome 16: Residents' rights, dignity and consultation

A registered provider must ensure that the privacy and dignity of each resident is respected and promoted. Residents must be enabled to exercise choice and control over their lives and to maximise their independence. Residents must be afforded opportunities to participate in meaningful activities, appropriate to their interests and preferences.

Judgment: Over the April and September 2017 inspections, there was a consistent finding of major non-compliance in this outcome. By the November 2017 inspection, inspectors found that the provider had started to make progress in: promoting the

¹⁹ The bed space of each resident, as defined by the placement of the curtains around each bed, did not change and therefore residents did not individually benefit from the reduced occupancy.

rights of people in a way that respected their autonomy, privacy and dignity; and facilitating residents to be as independent as possible and to exercise personal choice in their daily lives. Consequently, the previous finding of major non-compliance²⁰ was reduced to moderate non-compliance.

Outcome 16: Residents' rights, dignity and consultation

Inspection	Regulatory judgment
April 2017	Major non-compliance
September 2017	Major non-compliance
November 2017	Moderate non-compliance

At the outset of this process, inspectors were concerned that residents were living in a hospital rather than a home. The living environment was institutional in appearance and the culture of the centre was a medical model of care rather than a social care model.

The culture of St. Joseph's Hospital was not underpinned by the fundamental right of each resident to privacy and dignity. This resulted in findings of major non-compliance in April and September 2017. For example, some residents' names were written in bold black marker visible on the back of their night clothes. Intimate items such as incontinence pads and body wipes were stored on some window sills. The tops of lockers and urine drainage bags and urinals were on full view in multi-occupancy rooms, announcing personal details about individual residents. Residents' clothing was not respected — clean clothes and dirty laundry was packed into or bundled together at the bottom of wardrobes. Wardrobes were totally inadequate in size and storage capacity.

Daily work was task orientated and dictated by routine. Staffing routines were not informed by each resident's individual needs or wishes. For example, reduced staffing levels in the evening contributed to a large number of residents returning to bed in the late afternoon prior to staff going on their break or finishing duty at 17:30hrs. This did not offer any real choice of bedtimes to residents and effectively meant that residents could be in bed for 16 hours a day from 17:30hrs until 09:30hrs the following morning.

During the day, residents did not have access to activities appropriate to their individual needs and which facilitated and or enhanced social interaction. Many residents spent their days sitting in a chair beside their bed. The positioning of

²⁰ A judgment of major non-compliance means that immediate action is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

residents' chairs was such that it did not facilitate residents to interact and engage with each other on a social basis or even to ensure that they could, if they wanted to, watch the television.

Compounding this was the practice of residents eating meals in or beside their bed. Residents were not given the opportunity to interact with any residents other than those living in their bedroom area at mealtimes.

Over the course of inspections carried out in April 2017, September 2017 and November 2017, incremental improvements were noted in the culture of the centre, with many staff articulating the requirement to ensure that the social needs of residents were addressed. Inspectors found that the HSE was making progress in promoting the rights of residents to autonomy, privacy and dignity and in facilitating people to be as independent as possible and to exercise personal choice in their daily lives. Senior staff and relatives were very positive about the notable change in the centre's culture and the perceived improvements in the quality of life of residents.

Noted improvements included:

- An extensive activity programme²¹ was facilitated by four activity personnel to ensure that residents have access to a variety of meaningful daily activities appropriate to their interests and abilities. Part of the activity programme includes trips to events and amenities in the local community, shopping trips, music events, local GAA matches and exhibitions. Outings enhance residents' connections with the local community.
- Extensive works were completed to a corridor external to the Hazel and Alder Units in order to make it an inviting and social space and provide additional space for residents to move around during their daily lives. Locks were removed from entrance doors to the Alder and Hazel Units and residents and their relatives or visitors are encouraged and facilitated to use the newly refurbished communal space. Additional staffing was allocated to the day and dining spaces external to the Hazel and Alder Units to ensure that residents felt safe and supported in the use of these facilities.

²¹ The activity programme includes art work, lunch time concerts, the local library, Glor theatre, reminiscence, oral history recordings, baking, community Garda safety lectures and well as being involved in writing a play.

- Since October 2017, the HSE invested significant resources in staff training in areas including person-centred care and the "What Matters to You" programme.²²
- Equipment such as radios, DVD players and CD players were purchased for residents to use. Wireless Internet enabled laptop computers were available for residents to watch films, Skype family members or access other media entertainment of their choice. Activity personnel are available to assist residents with these media devices.
- New TVs were installed in more accessible areas at an appropriate height for residents sitting out or in bed in the multi-occupancy bedrooms.

Notwithstanding these noted and welcome improvements, the HSE was still found to be moderately non-compliant in November 2017 in relation to the requirement to uphold residents' rights dignity and privacy for the following reasons:

- The three rooms which were made available as dining rooms for use at mealtimes could accommodate a maximum of 26 residents in one sitting. In the event of the Hazel and Alder Units accommodating a total of 84 residents, these rooms still would not afford all residents²³ access to adequate dining facilities.
- Encouraging and facilitating residents and staff to utilise the newly refurbished rooms remained a work in progress. A significant number of the residents living on the Hazel and Alder Units were still having their evening meal either at their bedside or in bed (21 of 26 residents on the Hazel Unit and 24 of 29 on the Alder Unit) during the November inspection.
- The current bedroom layout and the failure to increase the living space available to each resident continued to negatively impact on residents' privacy and dignity. For example, there was limited personal space for the use of a hoist for residents to be helped out to the commode or to specialised chairs, or for residents to speak privately with a visitor or staff member without being overheard.
- The only two showers available in the Hazel and Alder Units were located at a distance from a number of bedrooms. This meant that residents who

²² "What Matters to You" is a programme that encourages staff to identify the concerns of each individual who takes up residence in a designated centre and to use this information to develop a person centred plan of care for that resident.

²³ During the November inspection there were 52 residents accommodated between both the Hazel and the Alder Units.

were unable to mobilise independently were wheeled out into the hall of the unit in their night clothes to access the shower.

In conclusion, inspectors acknowledged the positive changes that had been made or were underway; however, the HSE is required to sustain the current improvements and address the outstanding issues identified.

Outcome 17: Residents' clothing and personal property and possessions

A registered provider must ensure that adequate space is provided for residents' personal possessions so that residents can appropriately use and store their own clothes.

Judgment: Over the course of the inspections in April, September and November 2017 inspectors were not assured that residents had access to and retained control over their personal possessions. Also, residents did not have adequate space to store their clothing or other personal possessions.

Outcome 17: Residents' clothing and personal property and possessions

Inspection	Regulatory judgment
April 2017	Major non-compliance
September 2017	Major non-compliance
November 2017	Major non-compliance

A key finding of previous inspections of St. Joseph's Hospital in Ennis has been that the HSE failed to provide residents with space for the storage of personal items and clothing. As a consequence, residents' personal belongings were not always stored respectfully or in an accessible manner, in line with a person-centred approach to care.

Residents were not provided with adequate storage space beside their beds for their personal belongings. Residents who had chosen to bring extra treasured belongings with them from home had these belongings taken from them for safe storage in another area of the centre that was not easily accessible to the residents. This prevented a resident from personalising their individual living space and further contributed to the lack of homeliness and the overall institutional appearance of the centre. Residents' clothing was not respected — clean clothes and dirty laundry were packed into or bundled together at the bottom of wardrobes.

Over the course of these inspections, improvements were made in the care and attention of residents' personal belongings. Dirty laundry was now stored in individual laundry bags provided for residents rather than in wardrobes with clean

clothing. A local agreement with relatives had also been implemented where relatives facilitated seasonal availability²⁴ of suitable clothing.

In November inspectors found that following the findings of the September inspection the practice of removing residents' belongings for safe storage had discontinued and management had ensured that personal property which had been placed in storage was returned to residents.

Inspectors also found some improvements in the storage of residents' personal items, intimate items and care items. These were now largely stored out of sight in the multi-occupancy rooms rather than displayed on shelves and windowsills.

However, further improvements were necessary to provide residents with additional accessible storage space. With the exception of a small number of residents, personal storage space was restricted to a small wardrobe which measured five feet by one foot. The ability to facilitate an older person to bring mementos and personal belongings with them when they moved into the residential centre is limited. In the action plan submitted after the November 2017 inspection, the HSE undertook to complete a further review of current furniture with the possibility of purchasing chests of drawers for some residents to give variety of choice regarding storage of their personal property.

²⁴ Only clothing for a given season was stored in the centre and these were rotated in line with changes in seasons.

Conclusion

This report presents an overview of inspection activity carried out by HIQA inspectors in St. Joseph's Hospital, Ennis in April, September and November 2017. Sustained regulatory non-compliances had been identified over the previous four years and on these inspections in the areas of; residents' rights dignity and consultation, residents' clothing and personal property and possessions, safeguarding and safety, governance and management, health and safety, risk management and safe and suitable premises. By November 2017, incremental improvements were noted in the culture of the centre. Senior staff spoken with described the significant cultural shift they had witnessed and acknowledged recent improvements in the facility during the course of 2017, but were of the opinion that the most positive change has been a notable move from a medical model towards a social model of care.

Progress was made to eliminate some of the institutional practices that were negatively impacting on residents' quality of life. The amount and variety of social activities had significantly improved and, as a result, an increased number of residents were participating in activities which enhanced their quality of life. These reports acknowledge the improvements made to the fabric of the building, most notably the renovation and enlargement of the Ash Unit.

Notwithstanding the noted improvements and the significant actions undertaken to date by the HSE, further work is required. The HSE must continue to promote a home-like environment, ensuring access to a living space that facilitates improved privacy and dignity for residents and the reduction and elimination of institutional practices. HIQA also remains concerned about the sustainability of improvements made to date.

Escalated regulatory activity in St. Joseph's Hospital, Ennis concluded in December 2017 when the centre was registered with two additional conditions applied to its registration. The purpose of these conditions is to improve the quality of life for all residents living in St. Joseph's Hospital, Ennis and to ensure the HSE continues to address regulatory non-compliance. The Office of the Chief Inspector registered this centre with the following conditions:

- Condition 8

That at any time that the number of residents in the designated centre exceeds 100, or falls below 100, that the Chief Inspector be notified of same within 72 hours.

This condition was attached because although significant improvements were noted in the inspection report of 21 and 22 November 2017 concern remains that the

improved regulatory compliance may not be sustained in the event that occupancy levels in the centre increases above 100.²⁵

- Condition 9

At all times and if the number of residents in the designated centre exceeds 100 residents, the Registered Provider shall ensure that such excess does not worsen regulatory compliance or compliance with all other conditions of registration and does not impact upon the lived experience and quality of life of the residents.

This condition was attached because although the inspection report of 21 and 22 November 2017 identified evidence of improvement; some of the improvements were temporary in nature particularly in the areas of availability of living space and dining space, sufficient bathroom facilities and associated privacy and dignity issues. In the event of the occupancy of the centre increasing, the Chief Inspector will need to be assured that measures are in place to protect the privacy and dignity needs, and afford adequate living, dining and storage space for residents and an optimum working environment for staff.

The HSE must now progress their plans to replace this centre with a 50-bed purpose-built centre within a defined time bound implementation plan.

HIQA will continue to monitor St. Joseph's Hospital, Ennis to ensure that the improvements in regulatory compliance that have been achieved during this period of escalated regulatory activity are sustained and that the HSE continues to implement its own improvement plan.

²⁵ An occupancy rate of 100 allows the following 12 beds in the Holly Unit, 24 beds in the Ash Unit, 32 beds in the Hazel Unit and 32 beds in the Alder Unit.

Published by the Health Information and Quality Authority.

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