<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Joseph's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000537</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ardee, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>041 685 3304</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:josephine.marron@hse.ie">josephine.marron@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maura Ward</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Una Fitzgerald</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age 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.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ 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.

▪ 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 his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’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.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>03 January 2018 09:00</td>
<td>03 January 2018 17:00</td>
</tr>
<tr>
<td>04 January 2018 09:30</td>
<td>04 January 2018 14:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and</td>
<td>Compliant</td>
</tr>
<tr>
<td>Consultation</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of an inspection carried out to inform a decision for the renewal of the centre's registration. The registration renewal application form is for 20 beds. The current registration has a condition attached which outlines that the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on the 8th April 2016. The reconfiguration must be complete by December 2021.

During the course of the inspection, the inspector met with residents, relatives and staff, the person in charge, the provider nominee and members of the nurse management team. The views of residents, relatives and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and their relatives where overwhelmingly positive.

The inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The management team responsible for the governance, operational management and
administration of services and resources demonstrated good knowledge and an ability to meet regulatory requirements.

The management and staff of the centre were striving to continuously improve residents’ outcomes. A person-centered approach to care was observed. Residents spoken with during the inspection expressed complete satisfaction with the care they received. The inspector followed up on the action plan from the last inspection in May 2017. Progress had been made in most areas that were impacting positively for residents. However, the inspector found that the overall upkeep and maintenance of the building remains an ongoing issue. In the absence of any major refurbishment works to the existing premises the judgment of major non-compliance remained unchanged.

During this inspection moderate non compliance was found in Outcome 9 Medication Management which is discussed within the body of the report. Improvements are outlined in the Action Plan at the end for response.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

### Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designate centre. The management have kept the statement of purpose under review and revised the content at intervals of not less than one year.

As per the regulations, the statement of purpose had detailed the organisational structure of the designated centre. Minor changes were made during the inspection process to capture the policy on emergency admissions. The person in charge will ensure that the revised document is sent into HIQA.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There are sufficient resources to ensure the effective delivery of care in accordance with
the statement of purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. The management team at a national level have put on hold finances that were made available for the ongoing upkeep and maintenance of the centre. The local management team informed the inspector that there has been a commitment that the allocation of funding will be forthcoming in the 2018 minor capital budget allocations.

Management systems are in place to ensure that the service provided is safe and appropriate to residents' needs. The centre has an auditing schedule in place that requires further development in the area of medication management practices. This is actioned under Outcome 9 medication management. There was an annual review of the quality and safety of care delivered to residents during 2017. The local management team have set out their priorities for 2018 and the inspector reviewed same.

There was evidence of good consultation with residents and relatives from speaking to residents and visitors, and from a review of residents' committee meetings. Residents and visitors to whom the inspector spoke with stated that they were happy with the service provided and they were appropriately consulted with and kept informed.

Judgment: Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was managed by a suitably qualified and experienced nurse. The person in charge was in position since the last registration inspection in the centre and held authority, accountability and responsibility for the provision of the service. The person in charge had followed up on the action plan from the last inspection and there was clear evidence of the positive impact this was having on the centre.

The person in charge facilitated the inspection process by providing documents and had in-depth knowledge of residents’ care and conditions and was focused on developing a culture of quality improvement. During the inspection she clearly demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge had a strong presence within the centre and the residents and relatives spoken to throughout the two day inspection were knowledgeable about who the Director of Nursing was. Residents voiced that they would have no hesitation in
bringing any issues to her attention. In addition, the relatives voiced full confidence that any complaint made would be appropriately followed up.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Measures were in place to protect residents from being harmed or abused. The centre policy was last reviewed in September 2017. The policy provided guidance for staff on the various types of abuse, assessment, reporting and management of allegations or incidents of abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. The training matrix evidenced that all staff had received training on Safeguarding Vulnerable Adults.

The inspector saw that measures had been taken to ensure that residents were protected and felt safe while at the same time had opportunities for maintaining independence. Communal areas were accessible to residents. The inspector saw that there were facilities and equipment available to support residents to retain their independence. For example mobility aids, hand rails on corridors and circulating areas. There was a call bell facility in all rooms and within easy reach of residents. Residents told the inspector that they felt safe in the centre and spoke highly of the staff caring for them.

There was a system in place for the safeguarding of residents' finances and property. The provider was acting as a pension agent for a small number of residents. The administration team within the centre confirmed that procedures are in line with the guidelines as set out by the Department of Social Protection.

The systems in place to promote a restraint free environment in line with the national policy was described and demonstrated. A restraint policy, last updated in September 2017 was available. Following on from the previous inspection the management had met with residents and relatives about restraint management. Extra training specific to promoting a restraint free environment had been provided. An audit carried out on
restraint usage evidenced a 61% decrease in the use of bedrails. Alternative measures are now available for use. The centre had a record of all restraint currently in use. This record is updated weekly by the nursing management. The inspector reviewed files. A consent form was in place. Assessment of the need for bedrails had been carried out. Records of the duration of restraint and safety checks or releases were recorded on an hourly basis.

The centre had a policy on and procedures in place to support staff with managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This policy dated September 2017 was informed by evidence-based practice. Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The inspector reviewed the documentation in use to guide staff. The care plans identified potential triggers and guided the clinical team on how best to manage any incidents. The guidance and system in place had templates of Activating Event, Behaviour and Consequences (ABC) assessment charts for recording any incidents.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a centre specific safety statement dated December 2017. The inspector reviewed the emergency evacuation plan in place. This document was not detailed enough to guide staff. This was discussed with the person in change who agreed to develop the document to ensure it is comprehensive.

The risk management policy included items set out in regulation 26(1). The policy covered the identification and assessment of risks and the additional controls in place to minimise the risks identified. There was a risk register available in the centre which was kept under review by the management team. The issue of thermostatic controlled radiators had been previously highlighted in other areas of the centre. During this inspection, the inspector was unable to leave her hand on the radiators in the four bedded rooms for fear of scalding. The inspector was informed that thermostatic control valves have been installed throughout the building as per regulatory requirements. However, due to the age of the radiators the thermostats cannot be appropriately controlled. The risk of harm to residents had been identified on the risk register and an additional control measure of radiator covers to be installed is awaiting funding.
The local management had informed the regional managers of the risk associated with no pharmacist on site. This non compliance is discussed under Outcome 9 Medication management.

There were fire policies and procedures in place that were centre-specific. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Fire training records evidenced minor gaps. Outstanding staff have been booked in to attend the next session on the 9th January 2018. Each staff member spoken to during the inspection was familiar with evacuation requirements of residents and confirmed that they had attended fire evacuation drills. The centre had carried out drills that simulated staffing levels at day time and night time. Quarterly servicing was carried out and fire safety equipment was serviced on an annual basis. There were records of weekly fire safety checks.

Overall the premises, including the communal areas and bedrooms were found to be clean and there was an adequate standard of general hygiene maintained in the centre. There were policies in place on infection prevention and control. There was personal protective equipment such as latex gloves and plastic aprons available. The cleaning staff were knowledgeable on the cleaning schedule and the colour-coded cloth system in place. Records reviewed by the inspector evidenced that daily cleaning occurs and all resident areas get a deep clean on a weekly basis.

Judgment:
Substantially Compliant

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were written operational policies dated May 2015 relating to the ordering, prescribing, storing and administration of medicines to residents. However the arrangements in place in relation to pharmacy services did not meet regulatory requirements. The provider did not have arrangements in place to make available to the resident a pharmacist of the resident’s choice or who is acceptable to the resident. In addition the systems in place to monitor medication practices required improvement to ensure that all medicinal products are administered in accordance with the directions of the prescriber and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

The centre does not engage the services of a pharmacist. The inspector was informed that the centre does have an informal agreement with a local pharmacist that has made themselves available for consultation on a when required basis. Medication prescriptions
are not reviewed by a pharmacist. Staff and residents both confirmed that a pharmacist has not had any direct consultation with residents. The risk associated with no pharmacist was entered into the risk register in June 2014. All medication prescriptions are reviewed every three months or more frequently if required by the doctor.

All stock medicines are ordered from a wholesaler. The external provider carries out an annual stock list check. The nursing management carry out in house stock checks of controlled medications on a monthly basis and this was seen in evidence. Medication management audits are in place and the results and findings were examined on inspection. The inspector noted that no audits have been carried out since the last inspection. Routine audits were not undertaken to ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product. Based on the risk associated with the absence of a pharmacist, the inspector spoke with the provider nominee and the nursing management about the need to develop more frequent comprehensive audits of all areas of medication management practices within the centre. There has been no reported medication management errors since the last inspection.

Staff were observed administering medicines to residents. The process was engaging and residents were not hurried. The centre maintains a register of controlled drugs. All controlled drugs were checked by two nurses, one from each shift, at each shift handover. Medications were administered as prescribed in accordance with professional guidelines.

**Judgment:**
Non Compliant - Moderate

**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents’ health care needs were met through timely access to medical services and appropriate treatment and therapies.

The files reviewed evidenced that the residents have access to a general practitioner and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.
The person in charge visited prospective residents prior to admission. This arrangement gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. The assessment process used validated tools to assess each resident’s dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident had a comprehensive care plan developed with 48 hours of admission. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of residents under their care. There was evidence that care plan reviews occur at intervals not exceeding four months or more frequently in consultation with either the resident or their representative.

There was evidence within one file that a resident had declined treatment. The potential negative impact of this decision had been explained by the nursing team and the resident understood this decision. The residents choice was supported and respected.

**Judgment:**
Compliant

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
St Joseph's Hospital is currently registered for 20 residents. As previously highlighted in HIQA reports the building is not purpose built. The provider nominee confirmed to the inspector that the plans submitted to HIQA as per Condition 8 of the registration is being progressed. The completion date of the new build remains unchanged with the target date of August 2021. In the absence of any major refurbishment works to the existing premises the judgment of major non-compliance remained unchanged.

The centre management has reviewed storage arrangements within the centre. Storage
issues identified at the last inspection have been progressed. However, the appropriate storage of equipment remains an ongoing issue. For example, slings used for hoist transfers that are not in use are stored in a press that is behind the bed of a resident. Staff confirmed that this storage would only be accessed if the resident was out of bed.

The inspector found the centre to be warm and well maintained within the constraints of the age of the building. The designated centre is divided into 2 distinct units and are linked by a corridor. Each unit contains an open plan sitting/dining and recreational space and residents' bedrooms, bathing facilities and household kitchens. As the centre is currently laid out, all residents' bedrooms and communal accommodation is provided on the ground floor. Additional rooms designated for recreational activities and resident/relative use is located on the first floor, which is accessible by a lift. The inspector found that the sitting/dining rooms are inviting and in constant use by residents. Residents had good access to outdoor areas and to external gardens and the grounds are pleasant and well maintained. The inspector observed from the activities timetable and from talking with staff and resident's that the gardens are in constant use throughout the year. The centre has also ensured that the pathway down to the local town is easily accessible for resident use.

Bedroom accommodation was provided through a mix of single and multiple occupancy rooms (two 4 bedded rooms and two 3 bedded rooms). The four bedded rooms both have large closed off fireplaces that are partially covered by resident beds and personal wardrobes. The issue of thermostatic controlled radiators had been previously highlighted in other areas of the centre. During this inspection, the inspector was unable to leave her hand on the radiators in the four bedded rooms for fear of scalding. The inspector was informed that thermostatic control valves have been installed throughout the building as per regulatory requirements. However, due to the age of the radiators that the thermostats cannot be appropriately controlled. This is actioned under Outcome 8 Health and Safety and risk management.

The centre was in a poor state of decorative repair. The inspector noted many areas throughout resident living space in need of repainting. The door frames and skirting boards throughout the old building occupied by residents require maintenance. The inspector was informed that the local management team have received quotes and contractors have been provisionally assigned to carry out the replacement of flooring and the repainting work required. However, the work could not be progressed due to budgetary constraints.

Judgment:
Non Compliant - Major

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.
### Theme:
Person-centred care and support

### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
Residents’ views were welcomed and residents were consulted in relation to the running of the centre. Resident meetings are held regularly and minutes reviewed showed good attendance. Surveys completed by residents and their relatives or representatives were also reviewed. The feedback in relation to the activities schedule was positive. Significant progress has been made since the last inspection on the documentation into how each resident is given the opportunity to participate in meaningful and purposeful activity that suits their individual needs and interests.

The centre had a household model of care. The living and kitchen area was combined and the inspector observed residents moving freely around the living space and accessing the kitchen area without restriction. The room was supervised throughout the day. Residents responded positively to staff interactions. Staff skillfully engaged and reminisced with residents using information they knew about their interests, families and friends. The inspector found that the atmosphere was warm, engaging and friendly. The centre has an allocated activities staff member two days a week. Outside of these specific times the inspector noted that all members of the team felt a responsibility to ensure that residents social interests and needs were met.

Residents have access to an independent advocacy service. The centre is part of the local community and residents have access to radio, television, newspapers and information. Residents are facilitated to exercise their civil, political and religious rights. There are arrangements for residents to receive visitors in private.

### Judgment:
Compliant

### Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

### Theme:
Workforce

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The actual and planned rosters for staff was reviewed. The inspector found that staffing levels and skill mix were sufficient to meet the needs of residents. Staff spoken to confirmed that they had sufficient time to carry out their duties and responsibilities and nurse managers explained the systems in place to supervise staff. Residents and relatives spoken to confirmed that they felt their care needs were met by staff. Residents felt that their call bell was always answered and felt safe in the centre. The centre had a process of staff appraisals in place. Staff spoken with felt supported by the management team.

Evidence of current professional registration for registered nurses was seen by the inspector. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. Training included in house mandatory training on safeguarding and safety, patient moving and handling and fire safety. The training matrix evidenced that all mandatory training was up to date.

All documents as required by Schedule 2 of the regulations for staff were maintained.

The person in charge conformed that there are no volunteers working within the centre.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Una Fitzgerald
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The issue of thermostatic controlled radiators had been previously highlighted in other areas of the centre. During this inspection, the inspector was unable to leave her hand on the radiators in the four bedded rooms for fear of scalding. The inspector was informed that thermostatic control valves have been installed throughout the building as per regulatory requirements. The risk of harm to residents had been identified on the risk register and an additional control measure of radiator covers to be installed is

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
awaiting funding.

1. **Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
1. Radiator cover will be installed as part of the approved refurbishment programme.
2. The PIC / Deputy will monitor radiator temperatures to ensure they are maintained within safe limits.

**Proposed Timescale:** 09/02/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspector reviewed the emergency evacuation plan in place. This document was not detailed enough to guide staff. This was discussed with the person in change who agreed to develop the document to ensure it is comprehensive.

2. **Action Required:**
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

**Please state the actions you have taken or are planning to take:**
An Emergency Plan is in place currently. The document referencing this plan will be reviewed. We will ensure that it informs staff of the procedures to be followed and the resources available in responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. All staff will be made aware of any revisions to the plan.

**Proposed Timescale:** 09/02/2018

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The centre does not have a pharmacist employed by the centre. The inspector was informed that the centre does have an informal agreement with a local practitioner that has made themselves available for consultation on a when required basis.
3. **Action Required:**
Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the residents choice or who is acceptable to the resident.

**Please state the actions you have taken or are planning to take:**
There is a tendering process underway through procurement to provide a pharmacy service to the centre. The service will include having available a pharmacist of the residents’ choice.

**Proposed Timescale:** 30/03/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication audits had not been carried out since the last inspection to ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

4. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
The PIC will recommence the medication audits that had to be deferred in May 2017 due to a member of the management team being on extended sick leave. The PN will provide additional support to the PIC to facilitate these audits. The results of audit will be reviewed by PN with PIC to ensure safe medication management within the centre. The results from audits and any incidents or near misses occurring in the interim will be robustly reviewed and learning/ improvements will inform practice in the centre.

**Proposed Timescale:** 28/02/2018

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspector noted multiple areas throughout residents' living space in need of repainting. The inspector was informed that the local management team have received
quotes and contractors have been provisionally assigned to carry out the replacement of flooring and the repainting work required. However, the work could not be progressed due to budgetary constraints.

5. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Approval of funding has been given to complete the programme of refurbishment which includes replacement of flooring, installation of radiator cover and repainting of centre. A meeting with the contractor to plan the programme of the refurbishment is scheduled for 19/1/18.

**Proposed Timescale:** 31/03/2018