Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St Joseph's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Townspark, Ardee, Louth</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 June 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000537</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0023839</td>
</tr>
</tbody>
</table>
About the designated centre

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

St Joseph's Hospital is a four storey building, built in 1780 with extensions added the latest in 2010. It was built as a family home, converted to a hospital for the local area and is now a registered nursing home. The centre provides care to a maximum of 20 residents, male and female, over 18 years of age. All residents accepted for admission require long term care. Residents of all dependency levels are assessed and accepted for admission. The residents accommodation is located on the ground floor. 9 in the main building to the front of the premises and 11 in the unit to the rear of the building. The bedrooms are made up of 4 bedded, 3 bedded and single bedrooms. There is ample parking around the building and residents have access to an enclosed garden and grounds surrounding the hospital. St Joseph's Hospital is located on the outskirts of Ardee town just off the N2.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 17 |
How we inspect

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

As part of our inspection, where possible, we:

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

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

1. **Capacity and capability of the service:**

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

2. **Quality and safety of the service:**

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 June 2019</td>
<td>09:00hrs to 16:00hrs</td>
<td>Sheila McKevitt</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

Residents said their care needs were met and there were always enough staff on duty. They described the staff as kind and said "they would do anything for you".

Activities provided met their needs, they had a choice to take part or not and those spoken with said their choice was respected. There was a dog living with residents in the centre and they clearly adored the dog, describing her as quiet, clean and a lovely wee thing. They attended Mass in the church on the grounds each Saturday which they enjoyed.

They told the inspector the food served was good, served hot and they always got a choose at meal times.

One relative spoken with said communication between staff and the resident's family was really good, open and transparent.

Capacity and capability

The governance structure in this centre was strong and stable. The centre was well managed. There was a structured system of communication between members of the management team. The person in charge was well supported by the provider representative and two clinical nurse managers. Operational governance and quality assurance meetings occurred monthly, minutes of these were available for review. All the actions identified on the last inspection report had been addressed.

There was a system in place to monitor the quality of care being delivered to residents. This system of auditing was maintained by the management team and any required action plans were addressed promptly. An annual review had been completed it included an improvement plan for 2019, however resident's views of the service provided were not included.

The centre was well resourced. The staffing levels were adequate to meet the needs of residents. The centre had a full complement of staff and the staffing numbers reflected that outlined on the statement of purpose. Residents needs were being met.

The building was well maintained inside and outside giving the age of the building. Equipment was available to meet the needs of residents. For example, there was a low use of restraint as a choice of alternative equipment was available.
The centre's complaints policy reflected legislative requirements. The procedure to be followed was available for residents to view in different areas of the centre. There had been no complaints since the last inspection.

The content of the contracts of care included the fees charged, additional fees that may be in countered, the room number and number of other occupants, if any in that room.

Other documents including the statement of purpose and schedule five policies were available for review and met the legislative requirements.

**Regulation 14: Persons in charge**

The person in charge worked in the centre full-time and this was reflected on the staff roster. She was on duty on the day of inspection. She has held this post since July 2014 and has the required experience and qualifications to be named person in charge.

Judgment: Compliant

**Regulation 15: Staffing**

Staffing levels and skill-mix were appropriate to meet the needs of the 17 residents. There were no staff vacancies. Agency staff were employed occasionally to cover unplanned leave.

The two clinical nurse managers on duty were supervising practices on the floor.

Judgment: Compliant

**Regulation 16: Training and staff development**

All staff had mandatory training in the safeguarding of residents, manual handling practices and fire evacuation practices. Some were due refresher training and the inspector saw evidence that they were booked on upcoming planned training days. A number had completed training in the management of behaviours that challenge, hand hygiene and infection control. All registered nurses had up-to-date training in medication management and cardio-pulmonary resuscitation.

Staff did not have an annual appraisal completed by the management team.
However, the inspector was informed that this was being implemented in 2019.

Judgment: Compliant

**Regulation 19: Directory of residents**

A directory of residents was maintained in the centre. It contained all of the information required by the regulations.

Judgment: Compliant

**Regulation 22: Insurance**

The centre was adequately insured. A certificate of insurance was available for review.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure in place. The management team was made up of a provider representative, person in charge (assistant director of nursing) and two clinical nurse managers. Systems had been developed and implemented to ensure the service provided was safe and continuously monitored by management. Sufficient resources were in place for the effective delivery of care. A comprehensive annual review for 2018 had been completed, it included a quality improvement plan for 2019. However, residents views on the service were not included in the document.

Judgment: Substantially compliant

**Regulation 24: Contract for the provision of services**

Each residents had a contract of care in place. A sample of three were reviewed in full. They were all signed by the resident or their next of kin, included the fees charged, mentioned any additional fees that may be charged and included the room occupied by the resident and the number of beds in that room.
### Regulation 3: Statement of purpose

The statement of purpose was updated in May 2019 and it met the legislative requirements. A copy was available to residents in the centre.

**Judgment:** Compliant

### Regulation 30: Volunteers

There were no volunteers working in the centre.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

There were no complaints made since the last inspection which took place on 03 January 2018.

The complaints procedure was on display throughout the centre so residents and their families knew the process. The complaints policy reviewed met the legislative requirements and reflected what was written in the statement of purpose.

**Judgment:** Compliant

### Regulation 4: Written policies and procedures

All the policies outlined in schedule 5 were available for review. They had all been reviewed within the past three years, most in 2017. They appeared to be reflected in practice.

**Judgment:** Compliant
Quality and safety

St Joseph’s Hospital is currently registered for 20 residents. As previously highlighted in inspection reports the building is not purpose built. Plans for a new centre submitted to the Office of the Chief Inspector 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. Condition 8 expires in December 2021.

Cosmetic issues identified on the last inspection in January 2019 had been addressed. These improvements had a positive impact on the appearance of the centre for those residents all of whom have been admitted to the centre for long term care. However, the premises was not suitable to meet the needs of residents requiring long term care. 14 residents were accommodated in four multiple occupancy bedrooms. Two, four bedded and two, three bedded bedrooms. The right to privacy was negatively impacted on for each resident sharing these bedrooms, due to limited amount of privacy they could have when living in the same room as two or three other adults.

The centre was a safe place to live. Residents were protected by safe recruitment practises being followed. The inspector was informed that all staff had garda vetting in place from the An Garda Síochána National Vetting Bureau. A sample of staff files reviewed confirmed this was the case. Residents' who had their pension managed by the centre were protected by processes being followed that reflected best practise guidelines.

Residents had prompt access to members of the healthcare team. The services of a pharmacist had been sought since the last inspection and a person centred approach was in place. Residents had their own medication storage boxes and the pharmacist met with them individually to discuss their medications on a frequent basis.

The management and administration of medications was found to be safe and in line with best practises. The continuous auditing of practises was ensuring a high level of compliance was being maintained.

Residents had their clothes laundered in the centre. Although the bedside storage for personal possessions was small, additional storage space had been made available to them. A record of each residents property brought into the centre was recorded on admission.

Fire equipment was being serviced as per best practise. Fire drills were being practised during the day but not at night time when their were just two staff on duty. Records of these drills were available and these were comprehensive. Staff had received fire training, and knew the procedure to follow in the event of a fire.

Risks were well managed overall. The risk register was a live document which was
regularly updated. All potential risks to residents were entered and adequate control measures were in place to reduce the risk of any harm to the resident.

Residents could receive visitors without any restrictions and they had a residents' guide available to them. It contained all the required details and a copy was provided to residents on admission to the centre.

**Regulation 11: Visits**

Residents could receive visitors without any restrictions. The centre had an open visiting policy. There was a visitor's sign in book at the front door and a quite visitor’s room available to them on the first floor accessible via a shaft lift.

Judgment: Compliant

**Regulation 12: Personal possessions**

Residents had access to storage space by their bedside. The storage space provided to each resident was a single lockable wardrobe and bedside locker, these units were relatively small for storage however additional storage was available in multiple occupancy bedrooms and on the first floor. The lack of space was managed by a change of clothing in the wardrobe by the bed as the seasons changed. A laundry service was available to residents.

Judgment: Compliant

**Regulation 17: Premises**

In the absence of any major refurbishment works to the existing premises the judgment of major non-compliance remained unchanged. However, it was noted that some cosmetic improvements had been made to the centre. For example, bedroom flooring had been replaced flooring, doors, door frames, skirting boards and walls had been repainted and storage arrangements for equipment had been reviewed. Radiator covers had been put on radiators in both 4 bedded rooms.

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 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. Staff and resident's said that the gardens are in constant use throughout the year.

Bedroom accommodation was provided through a mix of single and multiple occupancy rooms (two 4 bedded rooms and two 3 bedded rooms). Residents living in these bedrooms had a limited amount of private space available to them. For example, some did not have enough room for a comfortable chair by their bedside, if the privacy screening was drawn around their bed space.

The individualised storage unit provided by each bed in these multiple occupancy rooms was small, consisting of a single narrow wardrobe with an adjoining bedside locker. A larger unit could not be accommodated by their bedside due to a lack of space.

The position of some beds in the multiple occupancy bedrooms was not ideal. For example, one resident's bed was positioned beneath a large window. There was no wall space to hang his call bell unit from hence he had a hand held call bell.

There was a limited amount of private wall space around each bed to enable residents to personal their bed space with private items.

<table>
<thead>
<tr>
<th>Judgment: Not compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regulation 20: Information for residents</strong></td>
</tr>
<tr>
<td>The residents' guide was available for review. It contained all the required details and a copy was given to residents on admission to the centre.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
<tr>
<td><strong>Regulation 26: Risk management</strong></td>
</tr>
<tr>
<td>Risks were well managed overall. The risk register was a live document which was regularly updated. The risks identified on the last inspection had been addressed. Radiator covers had been installed in both four bedded rooms and the inspector was informed that radiator temperatures were recorded on a weekly basis by maintenance personnel. These were not available for review as this person was on leave on the day of this inspection. There had been no reported incidents in relation to the radiators and the potential risk was entered in the risk register for those radiators that remained uncovered.</td>
</tr>
</tbody>
</table>
**Regulation 28: Fire precautions**

Fire fighting equipment, the fire alarm and emergency lighting was serviced as per best practise. Fire drills were being practised with day staff. Records of these drills were available the records kept were detailed. Although staff who worked on night duty were involved in the day time fire drills and a night time scenario was practised, a fire drill had not taken place at night time when only two staff were on duty between 23:00 and 08:00 hours. All staff had received fire training, and those spoken with knew the procedure to follow in the event of a fire.

**Regulation 29: Medicines and pharmaceutical services**

A pharmacist had been sought and contracted to provide a service to the centre. The pharmacist reviewed the residents medication with them on a three monthly basis and had carried out an audit of medication management in the centre. Medication administration and documentation audits had also been carried out by the clinical nurse managers.

**Regulation 6: Health care**

The healthcare needs of residents were met. Residents had prompt access to all members of the healthcare team. They were assessed on admission by their general practitioner who routinely visited the centre every Monday to review residents.

**Regulation 7: Managing behaviour that is challenging**

The centre was moving towards a restraint free environment in line with the National policy with just 17% of residents with bed rails in use. A resident who occasionally displayed behaviours that challenged had a care plan in place for this...
identified problem. The care plan identified the behaviours displayed, known triggers and de-escalation techniques that worked for the resident. Additional detail of how to implement the de-escalation techniques would aid their prompt implementation.

Judgment: Compliant

**Regulation 8: Protection**

Measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and supervision of staff. The centre was a pension agent for seven residents. These were managed in line with best practice.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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</tbody>
</table>

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>
| Outline how you are going to come into compliance with Regulation 23: Governance and management:  
The annual quality and safety report has been amended and residents’ views added.  
The annual report for 2019/2020 is being prepared in consultation with residents and their families. |
| Regulation 17: Premises                    | Not Compliant          |
| Outline how you are going to come into compliance with Regulation 17: Premises:  
Plans for the new purposed build are progressing, with a completion date in 2021.  
The registered provider will ensure the continued ongoing maintenance programme is targeted to address residents’ privacy and personal space issues as they arise |
| Regulation 28: Fire precautions             | Substantially Compliant|
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All fire training sessions simulate night time scenarios. Fire drills will take place each |
week until all night staff have carried out a night time drill. To be completed 19/08/19, and quarterly thereafter. A separate record will be kept of night time drills and will be available for inspection.
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2021</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2021</td>
</tr>
<tr>
<td>Regulation 23(e)</td>
<td>The registered provider shall ensure that the review referred to in subparagraph</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>21/06/2019</td>
</tr>
</tbody>
</table>
(d) is prepared in consultation with residents and their families.

| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 21/08/2019 |