<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St. Joseph's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000613</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Lifford Road, Ennis, Clare.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>065 686 3836/065 686 335</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:elizabeth.bugler@hse.ie">elizabeth.bugler@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Noel Sheehan Susan Cliffe</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>90</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>30</td>
</tr>
</tbody>
</table>
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).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:  
21 November 2017 16:45
22 November 2017 09:15

To:  
21 November 2017 18:50
22 November 2017 15:45

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</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 Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Non Compliant - Major</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This unannounced inspection of St Joseph’s Hospital took place over two days. It was undertaken to follow up on actions required following findings of regulatory non-compliance on the inspections of August 2016, April 2017 and September 2017. During the inspection, inspectors met with the provider, the person in charge, staff from all grades, residents and relatives. Inspectors acknowledged the many incremental improvements which had been undertaken in 2017 and the positive impact of the person-centred training programme which was being facilitated in order to improve the lived experience of residents.

The renewal of the registration of this centre, due in June 2015, has not been progressed as a result of the failure to address ongoing regulatory non-compliances. Earlier this year the Office of the Chief Inspector issued a notice of decision to renew the registration of the centre but to prohibit the admission of any new residents until the Health Service Executive (HSE) as the registered provider addressed the identified regulatory failings. The HSE challenged this decision in the District Court and agreement was reached to adjourn proceedings to allow the HSE additional time to address those identified regulatory non-compliances. This report sets out the findings of the most recent inspection of the centre which took place to determine
the extent to which improvements have been made to the lived experience of residents.

Identified regulatory non-compliances which have been addressed at length with the registered provider were grouped under the following headings: residents’ rights dignity and consultation, residents’ clothing and personal property and possessions, safeguarding and safety, governance and management, statement of purpose, health and safety, risk management and safe and suitable premises. This inspection continued to focus on these areas in order to evaluate what progress has been made.

On this inspection there were 90 people living in the centre with 30 vacancies. 11 people were residing in the Holly Unit, 24 in the Ash Unit, 29 in the Alder Unit and 26 in the Hazel unit.

Relative to the last inspection the inspectors found further improvements in the culture of the centre with many of the staff articulating the requirement to ensure that the social needs of residents were addressed and positively endorsing the training received to date. Senior staff spoken with described the significant cultural shift that they had witnessed in the past few months. These staff also acknowledged recent improvements in the facility but were of the opinion that the most positive change has been a notable move towards a social model of care.

The inspectors also found further progress in eliminating some of those institutional practices identified on previous inspections as negatively impacting on the quality of life of residents. For example the amount and variety of social activities available to residents had significantly improved and as a result an increased number of residents were participating in these activities enhancing their quality of life. These improvements were also identified by relatives and staff interviewed.

Previous inspection reports had reported the significant structural improvements in the Ash Unit and how these were positively impacting on the quality of life of residents. However these reports also identified 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. These two units had previously been laid out in multi-occupancy ward areas which were not conducive to ensuring that staff could meet residents' privacy and dignity needs, and which did not afford adequate living or storage space for residents or an optimum working environment for staff.

The provider has continued to work on improving the current physical infrastructure as evidenced by improvements to the corridor linking access from the Hazel and Alder Units to the day/dining rooms that have been made available. The removal of locked doors and improved access to garden areas is also welcome. These improvements are aimed at extending and enhancing the living space available to the residents in each unit.

However, the most significant improvement to date has been as a result of a reduction in the number of residents currently accommodated on the Hazel and Alder
Units (a maximum of four residents in each multi occupancy room). As a direct result of this reduction, the 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 the feedback of 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.

However senior managers representing the registered provider informed inspectors that the reduction in the number of residents and any improvements directly associated with the reduction were temporary in nature. The registered provider would increase the number of residents in each area again if necessary. Relatives and residents confirmed that that they had also been told that the current arrangements were temporary and this was a source of anxiety for them. The temporary nature of some of the noted improvements have impacted on some regulatory compliance ratings afforded during this inspection.

Notwithstanding the noted improvements outlined above further work was required to continue to promote a more home-like environment and successfully address institutional practices, such as serving meals to residents by their beds and residents having inadequate showering facilities, dining and living room accommodation. These have been discussed with the provider and the person in charge and an action plan to address these areas is set out at the end of the report.
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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Initiatives were ongoing to change the previously identified hospital-like, institutional setting and approach to one of a resident-centred and rights-based ethos, in order to align the service provided with that set out in St. Joseph’s statement of purpose.

The Statement of Purpose describes 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 section of this document which describes the services provided to residents is still heavily weighted towards a medical rather than a social model of care.

The Statement of Purpose for St Joseph’s Hospital identifies four categories of residents who will be accommodated in the centre; long term care residents, respite care, short term care and residents with dementia. This document had been updated on 20 November 2017 to reflect the fact that the provider now proposed to allocate one bedroom area in both the Hazel and Alder units to accommodate respite and short-stay residents. This arrangement was proposed to minimise disruption to those residents for whom the designated centre was their home, i.e. long-stay residents.

The Statement of Purpose proposed that an objective of the centre was to "encourage individual choice and participation in aspects of life within the centre". The findings of this inspection suggest that further work is required to ensure that this objective is achieved.

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

**Findings:**
Appropriate risk assessments and associated controls were in place in residents’ care plans including falls risk assessments and clinical risk assessments.

On this inspection the person in charge was dealing with an infection control issue which had just been identified. This was appropriately addressed and the required regulatory notification was sent to HIQA.

However, the flooring and cleaning regime in the toilet/shower area of the Hazel unit continued to generate a finding of non-compliance due to the heavy staining on the flooring and the appearance of dirt residue on the floors.

In addition, the process of employing dedicated cleaning staff had yet to commence. As before at assigned times during the day a nominated member of the health care assistant staff stopped carrying out caring duties and commenced cleaning duties. This practice is associated with significant infection control risks and implications for cleaning regimes that have been previously described. The person in charge described a process of engagement that was currently underway to rectify this situation. However this remained a work in progress with no change in practice to date.

The fire detection system and emergency lighting system were inspected and tested quarterly. Fire fighting equipment was serviced and information on fire management was prominently displayed in the centre. The fire extinguishers had been serviced in November 2017. A staff training programme on fire safety was in place which included the procedure and actions to be taken to evacuate residents.

**Judgment:**
Substantially Compliant

---

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

Findings:
Inspectors found that person-centred care planning had improved. Focused staff training, enhanced staff supervision and audit supported this improvement with evidence of relevant medical, spiritual and biographical information available in residents’ care plans. Staff spoken with identified that they had increased time to spend with residents as the number of residents was reduced and this had facilitated a more person-centred approach to care. Senior staff who worked on site and visited the residential units commented very positively on the improved staff culture that they encountered and how that was translating into improvements in the lived experiences of residents.

A number of issues had been resolved since the previous inspection, including:
- Audits and increased training had improved medication management and practice according to the clinical nurse manager (CNM).
- There was a new checklist in place for each person attending activities. Engagement in activities were now recorded. These records then provided data for audit according to the activity co-ordinator. She told inspectors that these records enabled ongoing evaluation of the activities programme including developing new activities and increasing the availability of those activities which were favoured by residents.
- A practice development facilitator was now on-site and informed inspectors that he attended unit handover meetings daily to facilitate reflective practice and discussion on person-centred approaches to residents, with equal emphasis on the social model as well as the medical model of care.
- Care plans indicated that residents had access to allied health professionals, had regular blood tests and were facilitated to attend external consultants.
- Where a resident had refused to attend an external appointment this wish had been respected and recorded.

However, inspectors still found issues of concern, in relation to the efficacy of the current systems in place to ensure that each resident’s individual wellbeing and welfare was maintained by a high standard of evidence-based care. Similar to findings on the previous inspection, inspectors found that the available records evidenced that only a small number of residents were facilitated to have a shower. Documentation reviewed indicated that only 13 of 26 residents in one unit had a shower in the month of the inspection with some residents having no record of when they last had a shower. Residents also reported that the option of a shower was not offered following episodes
of incontinence. The practice was to attend to personal hygiene needs at the bedside.

The lack of available and suitable showers was undoubtedly contributing to the institutional practice of bedside washing. Both the Hazel and Alder units only had two showers each and there was no bath available anywhere in the centre on the day of the inspection.

Judgment:
Non Compliant - Moderate

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:
Inspectors acknowledged that there had been significant improvements in the premises since January 2017 in response to repeat findings of non-compliances on previous inspections. For example, the Ash unit had been extensively renovated. The sun lounge and seomra cuirte had been refurbished and the long corridor was newly painted and floored. A new storage room had been created and 2 dining rooms had been developed opposite the Hazel and Alder units. Fresh flowers, lighted lanterns, softer lighting and additional seating areas added a softer, more homely ambience to units, dining rooms and to the hallway. Residents, relatives and staff commented in a positive way about the changes and they stated that they had been consulted in the process.

Following the inspection feedback in September 2017, two empty beds had been removed from each multi-occupancy room in both the Hazel and Alder units. Staff, residents and relatives spoke with inspectors about the positive benefits of the extra available space. For example, one group of residents had been provided with a small table within the increased bed space where they could sit and have their meals or just sit and chat during the day. Inspectors also observed that a large group of visitors were sitting around one resident’s bed without encroaching into the living space of another resident.

However, despite the reduced occupancy the two units essentially remained configured to accommodate 42 residents meaning that the available additional space could not be
used to meaningfully and substantially enhance the living space available to individual residents. As a consequence of the failure to make the additional space available to residents, inspectors found that the majority of residents were still allocated half-height, slim wardrobes which were used to store personal belongings and in some cases hygiene products and incontinence wear. In other cases the space created by the reduced occupancy had been used for the temporary storage of hoists and chairs. Further negative impact from the unsuitable accommodation and limited storage space on the lived experience of residents was discussed under Outcomes 16 and 17.

In addition, while inspectors found that the current layout of the Hazel and Alder units promoted improved privacy, dignity and space for residents, the person in charge and the provider stated that this layout was not a long term solution. They informed inspectors that the reduction in the numbers of residents in the multi-occupancy rooms was a temporary measure and that senior HSE managers had advised that the rooms could not be permanently reconfigured as such. They had told staff that the number of residents would again increase if the need arose.

As reported on previous inspections both the Hazel and Alder Units also had two single bedrooms available, neither of which were of a suitable size and layout for the personal and healthcare needs of residents. The person in charge confirmed that these rooms were not adequate for residents who required the use of a hoist for movement or those who had complex care needs.

A dining room, suitable for up to 14 residents, was located across the main corridor from the Alder unit. On the first day of this inspection three male residents from the Alder unit were seen using this new dining room for tea. Inspectors also saw that a new small dining room, suitable for six residents had been developed across from the entrance to the Hazel unit. However, this room remain unoccupied for the duration of this inspection. The three rooms which have been made available for use at meal times as dining rooms could potentially accommodate a total of 26 residents in one sitting. In the event of the Hazel and Alder Units accommodating a total of 84 residents these rooms would not afford all residents access to adequate dining facilities.

The limited dining space available and the distance from the Hazel and Alder Units to the dining and day rooms in the long corridor remained a significant deterrent to their use. This inspection began at tea time on day one (approximately 16.45hrs) at which time a significant number of the residents living on the Hazel and Alder Units were 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). These facilities were not used at all at breakfast time on the second day of the inspection although there was a definite increase in their usage for the mid-day meal.

A further effect of the lack of dining and sitting space within the confines of the Hazel and Alder Units was the lack of access to available social space. As a consequence a number of residents living in these units continued to spend the day either in bed or by their bedside. This was substantiated by observation during the course of this inspection and in conversation with a visitor who pointed to the inadequacy of the only social space (small open alcove) available on these units where a resident could receive a visitor if they did not wish to do so by their bedside. This was in contrast to the Ash
and Holly Units where a sitting room and dining room were part of the home of each resident living within those units.

On the Ash unit where there was available dining and social space, 17 of the 24 residents were up and out of their bedrooms in the sitting, alcove and dining space on the first evening of the inspection. The sitting room was in use by eight residents who were involved in a prayer group at that time and three residents were having hand massage in the alcove sitting area. This demonstrated to the inspectors that where such facilities are available within the lived environment of the resident they were availed of and positively impacted on the daily lived experience of residents.

On this inspection inspectors did find increased usage of the seomra cuirte, the dining rooms and sun room for organised activities with some limited use at mealtimes. Inspectors found that since the previous inspection greater efforts had been made to encourage residents to leave the Hazel and Alder units to utilise the communal, social and dining space. For example, new doors had been installed at the entrance to both units and the coded locks had been removed from these doors. Staff training had been targeted to encourage social involvement for residents. Residents and relatives had been consulted, surveyed and encouraged to utilise the available space and social opportunities outside of the units. On both days of inspection organised activities were held in both rooms at which up to 30 residents were seen in attendance during the day and 20 residents, from all units, were seen to be watching a choice of film and a suitable DVD after tea, on the evening of first day of inspection.

Garden spaces were well maintained and since the previous inspection garden areas in the Hazel unit were being developed. In addition garden units in the Ash unit were more accessible to residents.

The need to ensure that equipment was stored with the least impact on the personal and communal space for residents was indicated previously. During this inspection, inspectors observed staff using the new equipment storage room located in the main corridor. Staff said that the removal of the coded locks from the unit doors had increased the usage of this store room. However, the limited size and distant location of the room impacted on the amount of equipment that could be stored there and the optimal usage of same. For example, staff had a long walk in some situations to retrieve items in daily and constant use, such as movement hoists and specialised seating.

The shower area at the top of the Ash unit corridor was available for daily use. The clinical nurse manager (CNM) informed the inspector that the second shower room in the Ash unit was no longer used as a storage area, except at night time and this was confirmed during the course of the inspection. The key-pad lock had been removed from the door of the second toilet/shower room, allowing access to residents. This had increased the ready availability of shower and toilet facilities. There were four showers available for 24 residents in the Ash unit.

At meetings with the HSE in June and October 2017, the need to promote and optimise opportunities for privacy, dignity and comfortable lived experiences for residents was discussed. Emphasis was placed on ensuring that the centre met the personal care needs of residents in a dignified manner and that arrangements were in place to allow
residents access to personal belongings and clothing and promote independence.

The findings of this most recent unannounced inspection confirmed that some further improvements had been made but staff stated that this was a work in progress. The negative impact on the quality of life, privacy and dignity of residents spending large parts of the day in bed or by the bed remained a serious and significant finding in the absence of sufficient available living space within the Alder and Hazel units. These findings and the lack of a commitment to sustain the improvements associated with reduced occupancy in the Hazel and Alder units increased the well documented risks that people living in such environs experience. These risks include decreased mobility, increased morbidity, isolation, boredom, depression and loneliness. The findings on the impact of the premises layout and design continued to indicate non-compliance with regulations and nationally mandated standards.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th>Outcome 16: Residents’ Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Person-centred care and support

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

**Findings:**
Previous inspections of St Joseph’s Hospital in Ennis had found major non-compliance with the regulations in relation to rights, dignity and consultation. On this inspection although there was evidence of improvement, some of the significant improvements were temporary in nature particularly in the areas of living space and associated privacy and dignity issues as discussed previously in this report. On this inspection the finding was of moderate regulatory non-compliance. This finding however, was based on the current occupancy of the Alder and Hazel units: that is, four residents per multi-occupancy room.

Following a meeting with the HSE in June 2017 all follow-up inspections of this centre were to focus in particular on the following areas for improvement:
- Are residents encouraged to live active lives and avail of opportunities for social interaction?
- Are their rights to privacy respected?
• Are residents encouraged to express their needs and wants and where they do so is this acted upon?
• Are residents treated as individuals and offered individual service and care?
• Are residents encouraged to live active lives and avail of opportunities for social interaction?

Previous inspections found that many residents spent long periods of time sitting by their bed. During this inspection further improvements were noted in the availability of activities for residents. Residents were seen to attend two bingo sessions, an exercise session, an art session, music, a reminiscence/poetry session, a cinema event and also to avail of hand massage. Increased activity was observed in the evening of the first day of inspection with 14 residents attending a movie with an activity co-ordinator in the seomra cuirte. Another staff member sat in the sun room with six residents watching a series of DVDs on farming methods and the ploughing championship. On the second day of inspection, the artist who was employed by the centre was heard to read poetry to a large group of residents and to facilitate a reminiscence event. Residents had access to advocacy services and this was advertised on notice boards throughout the centre.

A number of residents were facilitated to attend Mass in the community church on the second day of inspection. One relative stated that there had been great improvements in the lives of residents in response to the HIQA inspections. The same relative praised the activity personnel, the person in charge and staff for the current efforts which were being made. Similar to findings on the previous inspection inspectors saw and heard staff interacting with residents in a kind manner. One staff member informed inspectors that the emphasis on person-centred care meant that staff worked in a more ‘mindful’ way and now paused to think about the impact of their actions.

Residents were asked about the new TV set up in the multi-occupancy bedrooms. They told inspectors that the larger screens were great and the lower position of the TVs made them more user friendly. Unfortunately, the current design and layout of the bedrooms and the fact that they were multi-occupancy bedrooms resulted in residents not always having choice about the programme to watch as both TVs had to be tuned to the same programme for residents on each side of the room.

The concept of social engagement was still missing from the lives of a number of residents living in the Alder and Hazel units. There was no alternative space in those units for group social events that residents could independently wander in and out of throughout the day by choice. As found on all inspections to date, meals were served to most residents either in bed or by their bedside on the Hazel and Alder units. Therefore, residents who wished to do so could not interact socially at mealtimes.

The rights and dignity of residents continue to be adversely affected by environmental factors as follows
• Similar to findings on previous inspections the drawbacks of living in multi-occupancy bedrooms continued to impact negatively on all residents within those bedrooms: for example the use bedpans or commodes, the limited space for use of a hoist for residents to be helped out to the commode or to specialised chairs, the opportunity to speak privately with a visitor or staff member, unpleasant odours in multi-occupancy rooms following care interventions within the bedrooms which doubled as living areas
for a large number of residents. These findings, albeit reduced as a result of the reduced occupancy, continued to challenge the wellbeing, the privacy and dignity rights and residents’ right to live in a homely environment.

- The location of the only two showers available in the Hazel and Alder Units at a distance from a number of bedrooms meant that residents who were unable to mobilise independently had to be wheeled out into the hall of the unit to access the shower.
- Although residents had more physical space at the time of the inspection inspectors noted that a lot of their personal items were still stored on chairs near their beds. As discussed under Outcome 12 a number of residents had not been given larger wardrobes in the increased space as the provider stated that the two extra beds would be re-located in those room as the need arose.

The activities coordinator informed inspectors that the newsletter proved a very good communication tool for providing additional information to residents and families about the proposed monthly outings and activities. Residents were preparing articles for inclusion in the next edition. Inspectors also observed improved practice for residents being wheeled along the long corridor to access activities. For example, residents were seen to be warmly and suitably dressed when passing through the public corridors.

In conclusion, inspectors formed the view that the positive changes that have been made need to be sustained and the registered provider now needs to address the outstanding issues identified in this report.

**Judgment:**
Non Compliant - Moderate

---

### Outcome 17: Residents' clothing and personal property and possessions

**Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.**

**Theme:**
Person-centred care and support

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

**Findings:**
During this inspection, inspectors found some improvements in the storage of residents' personal items, intimate items and care items. These were largely stored out of sight in the multi-occupancy rooms. Laundry bags were seen to be in use and photographs and personal items were seen on residents' bedside lockers, window sills and bed tables.

As found on previous inspections residents had insufficient storage space for personal belongings. However, on this inspection the inspectors were informed that personal
property which had been placed in storage had been returned to residents. One resident had asked for some items to remain in storage. In some units a number of personal items were still stored on radiators, chairs, bed-tables and bedside lockers. The issue of untidy and cluttered living areas remained a reality for those residents who wished to keep a chosen selection of their personal items, clothing and cosmetic items next to their bed in the available living space. For a number of residents who had brought in extra belongings from home, a facility had been made available to store excess belongings in another area of the centre due to lack of extra storage space in the Alder, Hazel and Ash units. In most situations relatives took home the extra clothes due to the minimal storage available in the multi-occupancy rooms. Staff stated that relatives facilitated seasonal availability of suitable clothing. Residents reported and staff confirmed that residents had been asked to sign a consent form to agree to the storage of their excess clothes and belongings in alternative areas outside of their units because of the lack of bedroom space should this be necessary. However, due to the high care needs and lack of independent mobility of a number of residents this was not a sustainable solution.

With the exception of a small number of wardrobes the majority of residents had to settle for wardrobes which measured five feet by one foot. Consequently residents did not have sufficient space for a choice and selection of clothes and personal possessions. Where an extra wardrobe had been added to an empty bed space in one bedroom it had been placed in front of the new TV obscuring the view of the TV for residents on one side of the room when they sat by their bed or were lying in bed.

The arrangement for storage of personal belongings and lack of full accessibility to same was found to be in major non-compliance with Regulation 13 on the storage and accessibility to residents' personal items.

During the course of the inspection inspectors spent a considerable amount of time discussing findings and plans with the person in charge. They also met briefly with a senior HSE manager.

**Judgment:**
Non Compliant - Major

**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:**
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Joseph's Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000613</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>21/11/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/01/2018</td>
</tr>
</tbody>
</table>

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Revise the statement of purpose to reflect the current reduced bedroom occupancy levels and the dining rooms on the long corridor.

1. Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:

• The Statement of Purpose will be further reviewed to ensure that the section which describes the services provided to residents reflects a social model of care.
• When completed the Statement of Purpose will be forwarded again to HIQA for review.
• The updated Statement of Purpose will portray all endeavours made to seek resident feedback on individual choice and participation in aspects of life within the centre.

Proposed Timescale: 31/12/2017

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 flooring and cleaning regime in the toilet/shower area of the Hazel unit continued to generate a finding of non-compliance due to the heavy staining on the flooring and the appearance of dirt residue on the floors
- the process of employing dedicated cleaning staff had yet to commence

2. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

• All floors are cleaned on a daily basis.
• Old staining that cannot be removed by routine/domestic cleaning will be resurfaced by contractors. Quotations are being sourced in line with National Financial Regulations. Work to be completed in January ’18.
• Environmental audits are carried out under infection control guidelines, these audits have been increased to monthly audits.
• New rosters with separation of roles are commencing on the 8th January 2018. Staff will include non nursing staff specifically allocated to cleaning duties.

Proposed Timescale: 31/01/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One care plan stated "arrange for the resident to have regular showers". However,
inspectors found that the resident was not facilitated to have a shower as set out in the care plan.
Residents were not facilitated to avail of regular showers.

3. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
- All residents personal hygiene needs are met on a daily basis according to their choice and in line with their care plan.
- All residents are offered a shower or a bath. Evidence of being offered same is now documented in the clinical notes.
- Audits are undertaken to ensure this practice is now happening and is documented.
- A survey will be undertaken of resident feedback on choice, wishes and comments which will include resident choice of a shower or bath by 31 January 2018.
- The original bath in place for residents was identified as not fit for purpose. A new bath was ordered 3rd August ’17 and there was an initial difficulty in the delivery of same. A new Parker bath is now in place since 4th December ’17 and is available to all residents should they choose to avail of same. All residents have now been informed of this.

**Proposed Timescale: 15/01/2018**

---

**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 premises were not appropriate to the number and needs of resident for a myriad of reasons:
- multi-occupancy bedrooms
- limited toilet and shower availability
- lack of suitable and sufficient dining spaces
- lack of suitable and sufficient accessible communal/living rooms particularly within the Alder and Hazel units
- lack of suitable personal storage place for residents who were long stay residents and lived in the centre

4. **Action Required:**
Under Regulation 17(1) you are required to: 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.

**Please state the actions you have taken or are planning to take:**
Extensive works have taken place on the corridor in order to make it more of the lived
experience of the residents, thereby providing additional living space. Further works have taken place in the sun room with the installation of coffee/tea making facilities. This provides the residents with the opportunity to avail of hot/cold drinks throughout the day.

• Refurbishment of the centre will continue with ongoing improvements to enhance the environment for the residents.
• Residents and relatives are encouraged to utilise the rooms that are available at all times.
• Short stay and respite care residents are accommodated within specified bedrooms on the Hazel and Alder units in order to reduce any disruption to long stay residents.
• There has been no reduction in bed numbers therefore reconfiguration of bed capacity has not taken place. However all available space has been utilised to maximum benefit when available.
• Additional storage has been developed within the centre with an ongoing review of the current storage available to enhance storage facilities within the units.
• Showers are available to all residents on all units and a bath is now available at the centre should residents choose to utilise same.
• Under the HSE Capital Programme a Development Control Plan has been progressed. This programme of works includes plans for a new 50 bedded building on site and upgrading of existing units to a high standard together with the provision of adequate sitting room, dining room and recreational space.

Funding has been provided through the capital plan 2016-2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021. The refurbishment will meet all the needs of residents and will comply with HIQA standards.

Proposed Timescale: 31/12/2021

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The registered provider had failed to provide premises which conformed to the matters set out in Schedule 6 of the Regulations as follows:

For example:
- there was no bath, no assisted bath and insufficient shower availability for all residents
- lack of sufficient easily accessible toilets in the Hazel and Alder units in particular in view of the fact that there were a large number of wheelchair or specialised chair users in the centre
- unsuitable and insufficient storage space
- lack of insufficient and suitable communal space to suit the potential 120 residents
- inadequate private and communal space as above
- lack of bedrooms of a suitable size and layout
- single rooms which were insufficient in size for the needs of residents
- inadequate dining space for a potential 120 residents other than residents' shared bedroom space

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:**
Extensive works have taken place on the corridor in order to make it more of the lived experience of the residents, thereby providing additional living space.

Further works have taken place in the sun room with the installation of coffee/tea making facilities. This provides the residents with the opportunity to avail of hot/cold drinks throughout the day.

• Showers are available to all residents on all units and a bath is now available at the centre should residents choose to utilise same.
• Disabled toilets are available on all units.
• Residents and relatives/visitors are encouraged to utilise the newly refurbished communal rooms which are available at all times.
• Residents are facilitated with extra wardrobes and lockers where possible.
• Regular feedback from residents is sought regarding all facilities provided including storage facilities, availability of communal rooms and privacy.

Further works have taken place in the sun room with the installation of coffee/tea making facilities. This provides the residents with the opportunity to avail of hot/cold drinks throughout the day.

Further works have taken place in the sun room with the installation of coffee/tea making facilities. This provides the residents with the opportunity to avail of hot/cold drinks throughout the day.

Further works have taken place in the sun room with the installation of coffee/tea making facilities. This provides the residents with the opportunity to avail of hot/cold drinks throughout the day.

• Under the HSE Capital Programme a Development Control Plan has been progressed. This programme of works includes plans for a new 50 bedded building on site and upgrading of existing units to a high standard together with the provision of adequate sitting room, dining room and recreational space.

Funding has been provided through the capital plan 2016-2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021. The refurbishment will meet all the needs of residents and will comply with HIQA standards.

• Risk assessments are completed for residents accommodated in single rooms.
• New dining rooms have been made available at the centre.

**Proposed Timescale:** 31/12/2021

---

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

-Lack of dining and sitting space limited residents' choices to sit in a social environment within the Hazel and Alder units.
- Lack of a bath which limited residents' choice.
- The lack of sufficient showers on the Hazel and Alder units limited the choice of shower availability.

### 6. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
- A new bath was ordered 3rd August '17 and there was an initial difficulty in the delivery of same. A new Parker bath is now in place since 4th December '17 and is available to all residents should they choose to avail of same.
- Showers are available to all residents on all units.
- Extensive works have taken place on the corridor in order to make it more of the lived experience of the residents, thereby providing additional living space.
- Additional lighting has been provided with ceiling and standard lamps, soft furnishing, wall mounted pictures and mirrors and seating along the corridor.
- Dining rooms are provided on the corridor in proximity to the Alder and Hazel unit for resident use and residents are encouraged and facilitated to utilise these rooms. These rooms are also utilised as sitting rooms.
- A new dining area is now also available adjacent to the Hazel unit where approximately 8 residents can be seated. This room is also available for residents visiting and recreation should they choose.
- The removal of locks from entrance doors to the Alder & Hazel units has increased accessibility to the corridor and communal rooms for residents and relatives and has enhanced the living space and amenities available to them.
- Residents and relatives/visitors are encouraged to utilise the newly refurbished communal rooms which are available at all times.
- Under the HSE Capital Programme a Development Control Plan has been progressed. This programme of works includes plans for a new 50 bedded building on site and upgrading of existing units to a high standard together with the provision of adequate sitting room, dining room and recreational space.
- Funding has been provided through the capital plan 2016-2021 to ensure that the required works will be scheduled, undertaken and completed by year end 2021. The refurbishment will meet all the needs of residents and will comply with HIQA standards.

**Proposed Timescale:** 31/12/2021

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Living, sleeping, visiting and dining in multi-occupancy bedrooms impacted in a substantially negative way on residents' right to carry out daily activities in private time and on the residents' rights to privacy and dignity as regards intimate care needs.

### 7. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
• Resident’s privacy and dignity is paramount and staff have a heightened awareness of each resident's individual care needs.
• Person centred care training has been undertaken by staff which emphasises resident privacy and dignity. 97% of staff have completed Person Centred Care training since September 2017. In addition 30% of staff have been trained in the “What Matters To You” programme since October 2017.
• Both training programmes will continue to ensure that 100% of staff receive this training.
• The Practice Development Coordinator is also rolling out on site training sessions on Person centred care planning and documentation.
• Bed screen configuration within the multi occupancy rooms is designed to maximise privacy within the shared space.
• All residents who require the assistance of a commode to facilitate their toileting needs will do so within the toilet area.
• Privacy signs are utilised when resident care is being delivered to ensure privacy and dignity.
• In addition to the dining room on the long corridor, the sun room and Seomra Cuairte are available and designed to facilitate resident dining for 16 additional spaces. In order to facilitate resident dining and appropriate supervision, these rooms now have staffing allocated to them.
• A new dining area is now also available adjacent to the Hazel unit where approximately 8 residents can be seated. This room is also available for residents visiting and recreation should they choose.
• When possible a small dining table is made available for residents in Hazel & Alder units within their bedroom or in the annex area.
• There is a resident relaxation room available at all times for resident and relatives to meet in private should they wish.
• The annex areas have been refurbished to give a more homely living room ambiance and are available within the Alder & Hazel units to further encourage socialisation within the units.
• Opportunities for residents to integration with the local community have been explored. Residents have been offered the opportunity to attend local community events which further enhances their day.

Proposed Timescale: 17/01/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As before the nature of the layout of multi-occupancy rooms meant that residents had limited availability of a choice of programme, a personal TV, access to radio at a suitable volume without personal headphones or remote controls.
8. **Action Required:**
Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

**Please state the actions you have taken or are planning to take:**
• Equipment such as radio’s, DVD players, CD players have been purchased and are in place and available for resident use.
• Personal headphones for resident use are being sourced.
• Surface pro laptops are available for resident to access wifi, watch films, Skype family members or access other media entertainment of their choice. Activity personnel are available to assist residents with these media devices.
• There is a 42” screen TV on wheels available for use which enhances person centred choice for residents should they wish to avail of same.
• Standard daily newspapers are delivered to the units on a daily basis. In addition residents are facilitated to order their own individual choice of newspaper.

**Proposed Timescale:** 31/01/2018

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Availability of private access to telephones and telephone conversations was limited due to living in multi-occupancy bedrooms and the feasibility of being moved out of the room to carry out each phone conversation in private.

9. **Action Required:**
Under Regulation 09(3)(c)(iv) you are required to: Ensure that each resident has access to voluntary groups, community resources and events.

**Please state the actions you have taken or are planning to take:**
• Each unit has a hands free phone which is available for resident use.
• Residents are encouraged and facilitated to use their personal mobile phones.
• There is an extensive activity programme in place facilitated by 4 activity personnel. Part of the activity programme includes trips to events and amenities in the local community, shopping trips, music events, local GAA matches, exhibitions. The scheduled outings enhance formed connections with the community.
• There is an artist in residence who provides additional community links for example with Glor Theatre in Ennis.
• SAGE advocate is on site on regular occasions and has attended the resident forum.
• Pet therapy is in place.
• Local musicians visit the centre regularly.
• There is open visiting at the centre, with strong community liaison in particular with the parish church which adjoins the centre.
Proposed Timescale: 17/01/2018

Outcome 17: Residents’ clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Due to the limited storage space residents could not maintain accessibility to or control over all their belongings.

10. Action Required:
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:
• All residents belongings have been returned to them and a survey of resident satisfaction regarding the storage of their personal belongings will be undertaken.
• One individual resident requested that some of her personal belongings remain in storage. This is documented.
• Staff will facilitate residents with management and storage of personal items to their satisfaction.

Proposed Timescale: 31/01/2018

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents had a limit placed on the personal clothing available to them due to the lack of sufficient wardrobe space in the centre.

11. Action Required:
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

Please state the actions you have taken or are planning to take:
• All residents belongings have been returned to them and a survey of resident satisfaction regarding the storage of their personal belongings will be undertaken By 31 January 2018
• Where possible, extra lockers and wardrobes are allocated to residents.
• A further review of current furniture is being undertaken with the possibility of purchasing chests of drawers for some residents to give variety of choice regarding storage of their personal property.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 31/01/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Space for belongings and storage was severely restricted and limited, due partly to the restricted size of wardrobes, the limited multi-occupancy bed-spaces and the lack of storage facilities.

**12. Action Required:**
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

**Please state the actions you have taken or are planning to take:**
- Extra wardrobes and lockers are offered to residents for their use where possible.
- A survey of resident satisfaction regarding the storage of their personal belongings will be undertaken.
- This issue will be discussed at the Residents’ Forum and will be a standing item on the Resident Forum agenda going forward. This element have commenced immediately.