



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Unannounced
Date of inspection:	26 September 2022
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0037983

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected.

It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 24 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (20 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care).

The centre is situated on the ground level and located on the outskirts of an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 26 September 2022	12:30hrs to 17:15hrs	Marguerite Kelly	Lead
Tuesday 27 September 2022	08:10hrs to 15:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over two days. The inspector met many residents but spoke with three residents in more detail. All were complimentary in their feedback and appeared content living in St Joseph's Community Hospital. One told the inspector "I have no problem with anything here and 'the food was really nice'. Another said they were satisfied and it was 'lovely and clean'.

After an opening meeting, the inspector was taken on a tour of the centre by the person in charge. It was evident from the walk around with the person in charge that they were well known to the residents.

The inspector observed a calm and relaxed atmosphere in the parts of the centre viewed. The interactions between staff and residents witnessed was kind and respectful. Staff were seen providing prompt assistance to residents. The inspector saw that some residents were sitting in communal rooms, some were mobilising around the nursing home and others were seen in their bedrooms.

St Joseph's Community Hospital was currently registered to accommodate 63 residents, on the day of inspection there was 46 residents living in the centre. Residents' accommodation was set out in three separate units; Barnes View (accommodating up to 24 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (20 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care). Each linking into a main corridor that extended the length of the building.

There was ongoing decoration and upgrade works in place during the inspection as the provider was continuing with works from the compliance plan from the previous inspection in March, 2022. The multi-occupancy rooms did accommodate four beds, but the provider had reduced these to accommodate three beds. Clinical hand wash sinks installation had begun but not finished and wardrobes were to be relocated within each resident's bed space by 31/08/2022, this was still in progress. The inspector was informed and saw that contractors were on site and the person in charge was confident works should be completed by the end of October.

The provider had provided décor and furnishings throughout the centre, such as paintings, cabinets and ornaments. The areas of the nursing home viewed by the inspector were visibly clean. However, some storage areas were cluttered for example, a store room contained linen, resident equipment and multiple packets of incontinence wear. Another storage area seen was very cluttered and contained both resident equipment and staff personal protective equipment (PPE). This could inhibit effective cleaning and increases the risk of cross contamination and risk of infection for residents. Flooring was noted to be cracked and worn in some places, however the person in charge informed the inspector these had been reviewed and

were on the work plan to be upgraded.

Most resident equipment seen was visibly clean and in good condition; 4 out of 12 pillows were damaged and 6 out of 6 mattresses were checked and all were undamaged and clean.

There were insufficient numbers of clinical hand-wash sinks available in the centre. Some of the sinks available were not compliant as outlined in the relevant guidance adopted for such sinks in health and social care settings in Ireland (HBN 00-10 Part C Sanitary Assemblies). This hindered staff from being able to easily and effectively practise hand hygiene in order to effectively protect residents from the risk of infections. There was ongoing work installing sinks for both staff use and also designated resident sinks. There was no signage over hand wash facilities to guide staff and residents on appropriate usage, whilst the installation of sinks was ongoing. Staff did have access to wall mounted alcohol gel dispensers to help support hand hygiene practices.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

Overall the inspector found that while the registered provider was endeavouring to implement systems and controls to protect residents from the risks associated with infections, improvements were required in relation to storage, maintenance, premises and infection prevention and control governance and oversight to comply with Regulation 27 infection control. Details of issues identified are set out under Regulation 27.

The Health Service Executive (HSE) is the registered provider for this designated centre. There was a clearly defined management structure in place that was accountable for the delivery of safe and effective health and social care to residents. The person in charge worked full-time in the designated centre. The person in charge had senior support from an older persons manager and local support in the role from an assistant director of nursing. The assistant director of nursing deputises during the absence of the person in charge. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupation therapy support were also involved in the delivery of care to the residents in the designated centre. Overall accountability for infection prevention and control within the centre

rested with the person in charge with support from the assistant director of nursing and clinical nurse managers.

From the records provided to the inspector, staff, resident and management meeting records were taking place frequently. The meeting minutes shown to the inspector included discussions surrounding upgrading the physical environment, vaccines, policies, visiting and COVID-19 risks. However, there were lost opportunities to improve the quality and safety of care for residents, by means of correcting deficits discussed. For example; it was noted during a meeting on the 30.03.2022 a requirement to change the disposable privacy curtains to regular cloth curtains. These were still in place on the day of inspection and also the date written on many of the curtains stated they had been in place since March, 2021. These curtains can house bacteria and viruses that can be easily transferred, which would be a cross infection risk to residents. Similarly, at a staff meeting held on the 28.06.2022 it was discussed that the store room should be kept tidy and no storage on the floor, this was not the case on the day of inspection. This could make cleaning the storage area more difficult which would increase the risk of cross contamination for the residents living in this area.

The outbreak management plan was easy to read and had clear arrangements to be instigated in the event of a further outbreak of infection. An outbreak of COVID-19 was declared over in September, 2022. A formal review of the management of a previous outbreak of COVID-19 to include lessons learned had been completed as recommended in national guidelines.

All HSE/HPSC Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use. The centre had access to the HSE infection prevention and control specialist team for infection prevention and control advice and support.

All Staff had received education and training in infection prevention and control and there were Infection Prevention and Control link nurses on site to support staff training in hand hygiene and IPC practices. Records reviewed showed much of the training was online.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded mops and cloths to reduce the chance of cross infection. Regular environmental hygiene audits are carried out. All equipment designated to cleaning was clean on the day of inspection.

Staffing on the day of inspection was in line with centre Statement of Purpose. There was sufficient numbers of staff available in the designated centre on the day of the inspection to meet the needs of the residents. The sample of residents spoken to felt staff were available when they needed help and came to their assistance when called. Staff members spoken to by the inspector felt supported by management and felt staffing levels were appropriate to their workload.

Quality and safety

Overall, while there were areas of good practice and governance noted with infection prevention and control procedures, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a health care-associated infection and to become fully compliant with Regulation 27 : Infection Control.

Residents spoken to informed the inspector that they were aware of some of the COVID-19 restrictions but were happy that life is returning to a more normal state where their visitors could support them in a more meaningful way. The provider had limited copies of resident information leaflets to hand out in the event that a resident had a diagnosis of an infection or colonisation. Residents had good access to health-care services based on their assessed needs and choices.

The majority of infection control care plans and risk assessments reviewed were appropriate and detailed. However, some did not set out all of the interventions required to effectively guide and direct residents' care. For example, one care plan reviewed had gaps in the resident's urinary catheter management, (A urinary catheter is a tube placed in the body to drain and collect urine from the bladder) such as no catheter change date and no mention of whether an overnight bag was used. Additionally, there were still risk assessments in place for social distancing which has been removed in residential settings. Information about hand hygiene, cough etiquette and COVID-19 had been provided to residents, as evidenced in resident meetings.

Staff spoken to, were aware of residents who were prescribed antibiotics, and the provider was supported with antibiotic surveillance from the HSE antimicrobial community team. This provided data to help and support the reduction of antibiotic prescribing within the region and centre. They were using their transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information and vaccine status.

The person in charge had systems in place to monitor the quality and safety of the service delivered to residents. They included a schedule of infection prevention and control audits. Nonetheless, quality improvement plans were not developed following such audits and therefore remedial action is not always undertaken to mitigate the risks identified. For example; an environmental audit dated June 2022 stated there was a cleaning schedule for all curtains and blinds, however disposable curtains were dated and in place since March 2021. Staff hand-wash sinks were ticked compliant and many of them were not, in an audit dated Sept 2022.

Despite building works being carried out on the day of the inspection, there were no infection prevention and control risk assessments for construction work and dust control. Likewise, there was no evidence of education or training on Aspergillus (a type of fungus that causes aspergillosis which has the potential of dispersal during

construction works).

Communal items such as incontinence wear, wipes, shower gel, shampoo and talc were seen in bathrooms, shower rooms and toilets. This is not seen as promoting an individual's dignity, and can lead to cross infection between users.

Regulation 27: Infection control

While the provider had measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

Infection prevention and control and environmental audits undertaken did not guide changes to support the safety and quality of the care provided, as deficits were not always actioned after the audits.

The provider had not undertaken an aspergillosis risk assessment or implemented infection prevention and control aspergillosis risk reduction measures to protect at-risk residents during the ongoing construction and renovation activities.

A care plan for a urinary catheter did not set out all of the interventions required such as a change date and the requirement for an overnight bag to effectively guide and direct care required for the prevention of infection.

PPE's and supplies were stored within a cupboard within the sluice room. This posed a risk of cross-contamination.

Storage areas seen were cluttered and contained both resident equipment and staff PPEs, which increases risk of cross infection.

The covers of a small number of pillows were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.

Communal items such as incontinence wear, wipes, shower gel, shampoo and talc were seen in bathrooms, shower rooms and toilets. Items should not be shared to reduce the risk of cross infection

Clinical hand wash sinks installation had begun but not finished and wardrobes had not been relocated within each resident's bed space as per previous compliance plan dated 31 August 2022.

Clinical hand wash specification sinks were in place in many of the multi-occupancy rooms, these were for the resident to use. This had the potential for confusion for both staff and residents. The inspector observed residents and staff using the 'incorrect sink' during the course of the inspection.

Disposable privacy curtains had been in place since March, 2021.

Some areas the flooring was in a poor state of repair. For example, there were stains, worn areas and cracks impacting on the ability to clean.

The housekeeper's room did not have a janitorial and hand wash sink in place as committed to in the previous compliance plan.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000625

Inspection ID: MON-0037983

Date of inspection: 27/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Infection Prevention and Control Audits now include a Quality Improvement Plan and any deficits identified are actioned after each audit with a review date in place. Audits are being conducted quarterly .Completed 19/10/2022</p> <p>A local contractor was carrying out refurbishment works in the Centre on the day of the inspection to action issues identified in the report of March 2022. Hospital Management have met with Infection Prevention Control, Estates and Maintenance Departments and have agreed that communication processes and risk assessments will be carried out prior to the commencement of any works. Completed on 26/10/2022</p> <p>Care plans for urinary catheters have been reviewed in all three units and interventions required are documented in detail in the care plan, Clinical Nurse Managers will continue to monitor the care plans .Completed 19/10/2022</p> <p>Personal Protective Equipment supplies have been removed from the sluice room to the Store room. Completed 28/09/2022</p> <p>Storage areas have been reviewed and extra items removed from the store. Personal Protective Equipment are now stored separately from resident equipment to reduce the risk of cross contamination. Completed 19/10/2022</p> <p>All pillow covers in the three units have been checked and any torn or worn pillows removed , a system has been put in place to monitor this going forward with records maintained . Clinical Nurse Managers will continue to monitor. Completed on 29/10/2022</p> <p>All Communal items stored in one unit’s shower room and toilets have been removed and provided with individual items. Completed 29/10/2022</p> <p>Wardrobes are open and accessible for the residents. Relocation of the wardrobes have</p>	

been delayed due to the unavailability of sourcing of materials and labour shortages by the contractor and also clarity on the repositioning of Hand Wash Basins .

Regarding the Clinical Hand Wash Basin, HSE Estates advised that each bedroom currently has a Clinical Hand Wash Basin for staff use. Personal basins are provided for the residents in the bed rooms. HSE Estates Department and Infection Prevention Control are in communication in order to address the issues identified regarding staff hand basins and resident basins . Completion date 31/03/23

Disposable privacy curtains have been changed and will be changed quarterly or more often if required with dates documented in each unit. Clinical Nurse Managers will monitor this. Completed on 19/10/2022.

All flooring requiring replacing will be replaced by 28/02/23.

The janitorial hand wash sink will be replaced by 28/02/23. This action was delayed due to the unavailability of sourcing of materials and labour shortages by the contractor .

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2023