Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St Joseph's Community Hospital</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Mullindrait, Stranorlar, Donegal</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 November 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000625</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0025298</td>
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</table>
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 26 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (22 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: | 54 |
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 November 2019</td>
<td>09:00hrs to 17:30hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily and evening routines, activity plans and interactions with the community. They expressed satisfaction regarding these matters and were happy with food and mealtimes and the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Some residents invited the inspector to see their private bedroom accommodation and they confirmed that the layout of their bedroom area provided them with sufficient space for their clothing and personal items. They acknowledged that the staff members kept the bedrooms neat, tidy and clean.

The inspector saw that residents enjoyed group and one-to-one activities during the day of the inspection. There were close links between the designated centre and the local community with local musicians entertaining residents.

Capacity and capability

Significant improvements were required in the governance an management of the designated centre in order to bring it into compliance with the regulations. The provider had failed in ensuring that the planned works to improve the premises were carried out in line with designated centre's current conditions of registration. As a result residents did not have access to shower facilities close to their bedrooms and the layout of the multi-occupancy rooms did not ensure that each resident's privacy and dignity were upheld.

The designated centre is registered up to 21 June 2021 and is subject to conditions including the following:

Condition 8 – The designated centre shall be reconfigured/refurbished/replaced to ensure regulatory compliance with Health Act 2007 (Care and Welfare of Residents In Designated Centres For Older People) Regulations 2013, Statutory Instrument S.I.No.293 of 2016 and National Standards for Residential Care Settings for Older People in Ireland 2016 by December 2021.
Condition 9 – Only short stay (less than 60 days) residents, can be accommodated in the Finn View Ward.
Condition 10 – The designated centre shall have sufficient appropriately located
showers to meet residents’ needs by December 2019. During this inspection the inspector examined how the leadership and management of the centre ensured that the above conditions were being implemented within the time frames identified.

The inspector found that systems and practices were devised and monitored to ensure that condition 9 was being implemented. Residents who were in receipt of short-term care but due to circumstances were re-assessed as requiring long term care were transferred into the long term care unit.

The inspector was informed that condition 10 would not be completed by December 2019. However the provider had failed to inform the Chief Inspector of this and the registered provider representative (RPR) was advised to submit an application to vary the date of this condition to the Chief Inspector following the inspection.

The RPR, person in charge and a representative from the estate services department of the Health Services Executive (HSE) showed the inspector architectural plans which were drawn up to bring the designated centre into compliance with the above legislation. However at the time of the inspection the provider had not submitted a definitive plan to the Chief Inspector with clear time frames for the works to be completed.

There were sufficient staff to meet residents’ needs and the inspector saw that residents and staff interacted well which promoted a good atmosphere in the home.

There was a full-time person in charge, a nominated person in her absence and sufficient well trained staff to provide care to residents. Staff were being recruited to fill the 6 vacant staff nurse and two care staff positions. This was being done in compliance with employment and equality legislation, including the appropriate vetting procedures. Systems were in place to monitor and supervise staff. Staff who communicated with the inspector confirmed that management were approachable.

The matters arising from the previous inspection carried out on the 7 February 2018 were satisfactorily actioned with the exception of the premises as highlighted above (conditions 8 and 10).

The inspector found that the statement of purpose and records required to be kept in the designated centre met the requirements of the legislation. Appropriate notifications were received by the Office of the Chief Inspector.

The centre’s complaints policy and procedure was advertised and some residents and relatives told the inspector that they were familiar with the process.

**Regulation 14: Persons in charge**
The centre was being managed by a qualified and experienced (23 years) registered general and psychiatric nurse in the care of older persons. She had authority in consultation with the RPR.

She demonstrated that she had good knowledge of the legislation and standards throughout the inspection and was aware of the areas that needed improvement to fully comply with legislative requirements which related to the premises.

She had been engaged in on-going professional development and was familiar with residents’ preferences and care needs including their specialist needs.

Judgment: Compliant

### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was the found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Permanent staff were able to cover the existing vacancies.

There were systems in place to review staff allocations in accordance with dependency levels and the changing profile of residents. This was particularly evident in the Finn view unit for short term care (assessment and respite care).

Residents confirmed that staff were attentive, supportive and kind.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date with their mandatory training, for example, fire safety, safe guarding, food hygiene and moving and handling. Staff had participated in dementia training.

The documentation in relation to inducting staff on their commencement of work in the designated centre was sufficient.

Staff appraisals were being carried out.

Judgment: Compliant
### Regulation 21: Records

Records were maintained in accordance with the regulation and schedule 4, kept safely and were accessible.

**Judgment:** Compliant

### Regulation 23: Governance and management

The provider had failed to address the serious non-compliances found on previous inspections in relation to premises and residents' privacy and dignity. The designated centre did not have resources allocated to address the premises issues (as set out under the conditions of registration). Information was provided to the inspector stating that condition 10 would not be met within the specified time period. In addition, finalised architectural plans to reconfigure the designated centre have not been submitted to the Office of the Chief Inspector.

An organisational structure was in place and staff working in the service were aware of their responsibilities and to whom they were accountable.

Support systems in the form of meetings had been established for the person in charge and the management team to discuss/resolve relevant issues and the management team had formal systems for staff working in the centre, for example, staff meetings, supervision processes, induction/training, and appraisals.

An annual review of the quality and safety of care delivered to residents in the designated centre was made available to residents and the inspector.

**Judgment:** Not compliant

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

Contracts of care had been agreed in writing with each resident on their admission highlighting the terms on which residents reside, the care and welfare of the resident, services to be provided and the fees to be charged for the services.

**Judgment:** Compliant

### Regulation 3: Statement of purpose
There was a statement of purpose relating to the designated centre. It contained the information set out in schedule 1 of the regulation.

The person in charge was in the process of reformating the statement of purpose in accordance with the recent guidance.

Judgment: Compliant

**Regulation 34: Complaints procedure**

The centre’s policy and procedure were satisfactory and residents and relatives were familiar with the processes. No concerns were raised during the inspection.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

Policy and procedures were available to staff to guide them in the service provision and delivery of care.

Judgment: Compliant

**Quality and safety**

During the inspection the inspector found that the medical, health and social care needs of residents were met but that the environment was not appropriate and did not meet the needs of the residents or uphold their rights to privacy and dignity. This is addressed under Regulation 23 and Regulation 9 in the report.

Residents’ care plans were implemented evaluated and reviewed. They reflected their changing needs and outlined the supports required to maximise the quality of residents’ lives in accordance with their wishes.

Residents’ health care needs were appropriately referred to the community allied health care professionals in order to promote their health and well-being.

Policies and supporting procedures were implemented that ensured residents were protected from abuse.
Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and were encouraged to maintain their involvement with the resident’s day to day lives in the centre.

Residents had opportunities to participate in meaningful activities which promoted their physical and mental health and well-being.

Some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice about their clothing, participation in activities meals and meal times.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

Residents’ nutritional and hydration needs were met and residents confirmed that meals and meal times were a good experience.

Responsibility for infection prevention and control was clearly defined with clear lines of accountability throughout the service. Practices were safe.

Adequate precautions were taken against the risk of fire.

The administration of medicines was satisfactory.

Regulation 13: End of life

End of life care provided met residents’ needs. Appropriate care and comfort was available for residents.

A care plan was devised which addressed their physical, emotional, social, psychological and spiritual needs.

There was evidence of family involvement with the resident’s consent and a person-centred approach to end of life care was noted.

Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents’ preferences for care and treatment at end of life.

Judgment: Compliant
### Regulation 17: Premises

The premises did not conform to Schedule 6 of the regulations. The premises was not appropriate to the number and needs of the residents as it did not provide appropriate private and communal facilities in line with their needs and their rights.

- There were not sufficient communal bath and shower facilities close to the resident's bedrooms.
- The layout of the multi-occupancy rooms did not provide adequate space around each bed and did not ensure that residents could carry out personal activities in private.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. There were adequate quantities of food and drink. Refreshments and snacks were available at all times. Resident had access to a safe supply of fresh drinking water at all times.

Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. Referrals to dietetic staff were evident in the care plans.

There were an adequate number of staff available to assist residents at meal times and when other refreshments were served.

Judgment: Compliant

### Regulation 27: Infection control

There was a policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections.

The inspector observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity.
There was good use of protective clothing, the safe disposal of sharps, management of laundry and waste.

Judgment: Compliant

### Regulation 28: Fire precautions

Record showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly.

The inspector found that all internal fire exits were clear and unobstructed during the inspection.

The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of an emergency situation.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Staff had safe procedures in place to guide their practice in relation to medicines management.

The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed reflected safe appropriate standards.

The medicine administration records were clear and the required information including a photograph of the resident was available.

All medicinal products were administered in accordance with the directions of the prescriber of the resident concerned and in accordance with advice provided by the resident's pharmacist regarding the appropriate use of the product.

Safe storage arrangements were in place and medicine trolleys were locked and stored securely.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.
Medicinal products not required were stored in a secure manner, segregated from other medicinal products and disposed of in accordance with the appropriate guidance.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Arrangements were in place to assess and meet residents’ needs. Referrals were made to community health care professionals. There was a care plan based on the assessment for each resident. It was formally reviewed every 4 months and, where necessary, revised in consultation with the resident and where appropriate with the resident’s family.

Falls incidents were reviewed and input from the physiotherapists on site ensured that appropriate rehabilitation or support was provided to residents at risk of falling or having a fall.

Some overhead hoists were in place.

Judgment: Compliant

### Regulation 6: Health care

Appropriate medical and health care was provided. Each resident had access to a medical practitioner and some retained the medical practitioner they had when they lived in the community. They were offered additional professional expertise if this was required.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse.

Staff were Garda vetted and a sample of staff files randomly selected confirmed this information.

Staff had participated in safeguarding training and those who communicated with the inspector were knowledgeable in relation to the detection and prevention of and responses to abuse. They were aware of their duty to report any past or current
concerns for the safety of the residents living in the centre.

The person in charge understood her duty to investigate any incident or allegation of abuse.

Appropriate referrals were made to significant professionals, as necessary.

Residents told the inspector that they felt safe in the centre.

Judgment: Compliant

**Regulation 9: Residents' rights**

The inspector saw that residents could exercise choice in their daily activities and they had access to information about current affairs and local matters. There were radios, televisions, newspapers and telephone facilities, available to residents. However the current facilities and layout of the designated centre did not ensure the privacy and dignity of the residents.

The inspector heard that residents could exercise their civil, political and religious rights.

The majority of residents were encouraged to participate in the social and recreational programme and were seen to be engaged in group or individual activities.

Opportunities were made available for residents to participate in meetings so that they could share their views of the organisation of the centre and there was evidence in the care planning process that residents and or their families were consulted.

An independent advocacy service was available to residents.

Judgment: Substantially compliant
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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<tbody>
<tr>
<td><strong>Capacity and capability</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 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not 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 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
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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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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>
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<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>
| Outline how you are going to come into compliance with Regulation 23: Governance and management:  
The non-compliances outlined in Condition 10 will be met by June 2020, works are scheduled to commence in January 2020 and completed by June 2020. 3 additional showers will be provided in Barnes View Ward, 1 in Finn View Ward and 1 in Woodville Ward which will improve privacy and dignity for residents.  
A design team is due to be appointed post February 2020 when allocation of funding to appoint same is confirmed by National Estates Team |

This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
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</table>
| Outline how you are going to come into compliance with Regulation 17: Premises:  
Works are commencing in January 2020 to provide additional bath and shower facilities close to residents bedrooms which will also provide more space around each bed in the multi occupancy rooms as these will reduced from 4 beds to 3 beds with an en suite and will be completed by June 2020. 3 additional showers will be provided in Barnes View Ward, 1 in Finn View Ward and 1 in Woodville Ward to improve privacy and dignity for residents.  
A design team is due to be appointed post February 2020 when allocation of funding to appoint same is confirmed by the National Estates Team. |

This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.
Regulation 9: Residents’ rights | Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The current facilities and layout of the centre will provide more privacy and dignity for residents following the installation of additional showers, 3 in Barnes View Ward, 1 in Finn View Ward and 1 in Woodville Ward by June 2020 with a reduction from 4 bed wards to 3 bed wards with en suites and will further be enhanced in the major refurbishment by 2021. A design team is due to be appointed post February 2020 when allocation of funding to appoint same is confirmed by the National Estates Team.
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(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>30/06/2020</td>
</tr>
<tr>
<td>Regulation 23(a)</td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/12/2021</td>
</tr>
<tr>
<td>Regulation 9(3)(b)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2021</td>
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