<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Joseph's Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000575</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Millstreet, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>029 70 003/029 70 050</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:berm.power@hse.ie">berm.power@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on</td>
<td></td>
</tr>
<tr>
<td>date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on</td>
<td></td>
</tr>
<tr>
<td>date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>

Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: To:
16 January 2018 10:00 16 January 2018 17:00
17 January 2018 10:00 17 January 2018 16:45

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>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</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 - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection at St Joseph’s Community Hospital, Millstreet, Co. Cork. The centre was operated by the Health Service Executive (HSE). Care was directed through the person in charge, with accountability to a nominated representative of the HSE. The purpose of the inspection was to monitor compliance with regulations and standards following an application by the service provider to renew registration. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 27 June 2018. At the time of inspection 19 of the 22 places registered at the centre were accommodating residents for long-term care. The service could also accommodate three residents on convalescent, respite or palliative care, as required. At the time of inspection there were no vacancies in the centre.

The person in charge was present throughout the inspection and both staff and management were responsive in providing information as requested. As part of the inspection process the inspector met with the person in charge, persons participating in management and also the representative of the provider. The inspector spoke with members of staff across the service and observed their practice in delivering care and undertaking their daily duties. The inspector also engaged with residents and visitors, seeking feedback on their experience of the service. Overall, the inspection established a very good level of care for all residents with appropriate provisions in place to meet the individual assessed needs of residents. In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents was noted throughout the inspection.

The findings of the inspection are described under 18 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Previous inspections of the centre had identified a significant level of non-compliance, particularly in relation to the physical environment and facilities for residents. The last inspection of this centre took place on 26 January 2016. A copy of that report is available at www.hiqa.ie. The inspector assessed the physical environment and reviewed governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. The inspection also involved an assessment of health and safety provisions.

Since the last inspection the centre had appointed a new person in charge who had commenced the role in February 2016. A significant amount of work had been undertaken to improve compliance with the regulations and address shortcomings identified on the previous inspections. The premises had been reconfigured to remove two eleven-bedded wards, creating two four-bedded and three three-bedded wards. All staff facilities and administration were located on the first floor creating additional accommodation on the ground floor for residents. New sanitary facilities
had been installed and existing bathroom facilities had been upgraded. A new laundry facility had been completed in November 2016. A programme of painting and decorating was ongoing and almost all bedrooms had been re-decorated and re-furbished. Improvements had been made to an exit from the dining room to a patio garden to ensure safe access.

The person in charge confirmed that the centre was well supported by the services of both medical and allied healthcare professionals. These included access to occupational and physiotherapy, as well as regular attendance by a speech and language therapist. Resources in relation to palliative care were available. There was access to community mental health services and referrals could be made to a consultant psychiatrist and gerontologist. Residents had regular access to a general practitioner (GP) and the services of a pharmacist were available. Management systems were in place and arrangements for supervision were effective. Staff had received appropriate clinical and professional training. The service had invested in relevant training to support staff in the provision of a social programme and activities. There was strong evidence that the service was well supported by community resources and the person in charge identified a number of improvements to the inspector that had been achieved through the support of community initiatives.

The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The staff and management team demonstrated a commitment to the provision of a service that provided person-centred care. The inspection findings were generally very positive and recorded improved compliance with the regulations. Many actions from the previous inspection had been satisfactorily completed. While significant improvements had been made to the premises, both staff and management acknowledged that further improvements were required in relation to the use of multi-occupancy rooms for up to four residents, and the impact of these arrangements on the provision of care in appropriate circumstances of privacy and dignity. Storage facilities at the centre also required improvement and there were some gaps in documentation to be addressed. Management provided an action plan to address these issues as 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A written statement of purpose was in place that accurately reflected the service provided in the centre. It described the aims, objectives and ethos of care and included a summary of the facilities and services available at the centre. It contained all the information required by Schedule 1 of the regulations and the person in charge confirmed that the document was kept under regular review to ensure information was current and relevant to the centre.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Action had been taken to address the areas for improvement identified on the previous inspection. In particular a programme of reconfiguration and refurbishment, in keeping with condition 8 of registration, had been significantly progressed. A practice
development officer was in place and a full schedule of audits was regularly implemented that recorded learning and identified responsibilities for completing action plans. An annual quality review had been completed that demonstrated care in the centre was provided in accordance with the relevant standards. The review outlined where improvements had taken place in response to consultation with residents. Where areas for improvement were identified, a quality improvement plan was in place and the person in charge confirmed that proposed actions were kept under continual review. Service at the centre was provided by the Health Service Executive (HSE). The HSE holds responsibility for the provision of service across a number of centres nationally. The organisational structure includes tiered managerial oversight on a local, regional and national basis.

The system of governance for the centre was in keeping with that of other centres in the organisation. A nominated person with responsibility for representing the HSE was in place. Care was directed through the person in charge who was supported by a team of staff, including a clinical nurse manager and an administrator. The organisational structure was set out in the statement of purposed and included the necessary deputising arrangements for absences by the person in charge.

There were effective communication systems to support service at the centre. Regional meetings for persons in charge took place on a monthly basis to share information and learning. A quality and safety committee had been set up in November 2017 to support the ongoing management of service. An organisation wide system for incident recording and reporting was in place. Alerts were issued and meetings took place to ensure that staff were kept appropriately informed of related learning issues.

Quality management systems to monitor the quality of service included a regular schedule of audits across care planning, medication management and recreational activities, for example. At the time of the inspection management confirmed that appropriate resources were available to ensure the effective delivery of care in keeping with the statement of purpose. Where facilities required improvement, around premises issues for example, action plans were being progressed in keeping with proposed timeframes.

Judgment:
Compliant

**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
A comprehensive folder of information was available for residents that included a copy of the statement of purpose as well as information on how to make a complaint and processes for managing property and finances.

Each resident had a written contract, signed and dated, that included details of the overall fees to be paid and summarised the services to be provided and any additional charge that might be incurred. However, the contract of care required amendment to fully reflect the specification of Statutory Instrument No. 293 in relation to the type of accommodation to be provided for a resident on admission.

Judgment:
Substantially Compliant

---

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

Theme:
Governance, Leadership and Management

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

Findings:
Since the previous inspection the centre had appointed a new person in charge. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge operated on a full-time basis and had extensive experience in clinical care. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

Judgment:
Compliant

---

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health
**Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Actions identified on the previous inspection had been appropriately addressed and a full suite of policies was accessible to all staff and signed records were in place to confirm that these policies and procedures had been made available to staff. Staff files included evidence of photographic identification.

Up-to-date, site-specific policies in keeping with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. These policies were regularly reviewed and the dates of review were recorded. Copies of the relevant standards and regulations were maintained and available as required. The inspector discussed policies and practice with staff, in relation to areas such as the reporting of safeguarding concerns and responding to emergencies, including fire and evacuation procedures. Staff demonstrated an appropriate level of awareness and understanding of policies in these areas.

Documentation was well maintained and secure storage cabinets had been provided to support effective data protection. Records and documentation were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Maintenance records for equipment such as hoists and fire-fighting equipment were in place.

Records checked against Schedule 2, in respect of documents to be held for members of staff, were generally maintained in keeping with requirements. Employee files contained verification by the HSE Gárda Vetting Liaison Officer that the required Gárda vetting was in place. However, this is not a disclosure in accordance with the National Vetting Bureau Act 2012, as required by Schedule 2 of the Regulations and the vetting disclosure in respect of one record sampled could not be made available by the provider.

Other records required to be maintained by a centre, as per Schedule 4 of the regulations, such as a complaints’ log, records of notifications and a fire-safety register, were in place. A system for recording visitors attending the centre was provided.

A Directory of Residents was maintained that reflected the requirements of Regulation 19, including relevant contact details for the resident’s general practitioner (GP) and relatives.

The inspector reviewed records of residents’ care plans and noted that they were complete and contained the information as set out in Schedule 3, including relevant assessments, medical records and regular nursing notes.
**Judgment:**
Non Compliant - Major

### Outcome 06: Absence of the Person in charge

**The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Management understood the statutory requirement to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place for a suitably qualified and experienced person participating in management to undertake the role in the event of such circumstances occurring.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

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

**Theme:**
Safe care and support

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

**Findings:**
Systems were in place at the centre to support the safety and protection of residents. These included provisions in relation to the general security of the premises, as well as policies and procedures that reflected national policy and statutory requirements around safeguarding residents. The inspector discussed measures in place to support safeguarding with a number of staff who demonstrated an appropriate understanding and collective responsibility for the safety of all residents. Staff were also able to identify the designated officer with responsibility for the receipt of any safeguarding reports. No such reports had been received. Staff confirmed that they had received
relevant training to support them in the prevention, recognition and response to abuse. The matrix indicated training had last been provided on 12 May 2017 and the person in charge confirmed all staff had received current training.

The inspector met with residents and visitors who gave consistent feedback about their sense of general safety and wellbeing in the centre. Systems to protect residents included secure access to the centre and an attendance register for visitors. The centre adopted organisational policies and procedures in relation to the recruitment of staff that ensured appropriate vetting and reference checking took place for all new staff.

The training programme included care for residents with dementia and the management of responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector discussed the management of mood and behaviour for residents with dementia with nursing and care staff. Staff were able to consistently describe the care planning and practice that was in place. Additionally they were able to reference where discussion had taken place with families and any clinical review that had informed the approach to care.

Organisational policies and protocols in relation to the management of residents’ finances and belongings were in place. The inspector confirmed that documentation, as required, was in place to authorise any pension agent arrangements. The inspector reviewed processes with the member of staff responsible for administration who demonstrated transparent processes around the recording of transactions. Systems of oversight included external audit procedures. Where possible, residents managed their own finances, either independently or with the support of family. The centre did not manage any finances in cash for residents.

Appropriate policies and procedures were in place to guide staff when assessing the needs of residents in relation to the use of restraint. In keeping with statutory requirements, the use of restraint was recorded and monitored. Access to the centre was controlled. Where restraints such as bedrails were in use, appropriate risk assessments had been undertaken. Alternatives to the use of restraint were considered and there was evidence that low beds were in use for residents where bedrails had been assessed as presenting a possible risk. Movement alarms were also in use for residents who were assessed as at risk of falling. Records of signed consent were in place where residents had been consulted in relation to additional safeguarding measures, such as the use of a security bracelet for example. Management and nursing staff demonstrated a conscientious approach to the use of PRN (as required) psychotropic medication. The administration of such medicines was the subject of routine audit to ensure it was in keeping with the prescription and kept under regular review.

Judgment:
Compliant

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

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

### Findings:
Appropriate action had been taken to address the issues identified on the last inspection. The emergency plan had been reviewed and now provided comprehensive information in the event of an emergency. Sluice areas were clear and cleaning equipment was appropriately stored.

Policies and procedures relating to health and safety were site-specific and up-to-date. A safety statement was in place dated 9 June 2017. The risk management policy addressed the areas of unauthorised absence, assault, accidental injury, aggression, violence and self-harm as required by Regulation 26. The centre maintained a risk register and that identified both individual and environmental risks. Cleaning areas were segregated and hazardous substances were appropriately stored. Since the last inspection secure units had been installed throughout the centre where items of risk, such as latex gloves, were stored. There was restricted access to areas of risk such as sluice rooms. Individualised emergency evacuation plans were in place for each resident that highlighted key information around mobility needs and the level of assistance required.

The centre operated a preventive maintenance programme and records were in place to confirm the certification of equipment, such as hoists and fire-safety equipment, as appropriate. The centre appointed members of staff as nominated safety officers with specific responsibilities in relation to safety checks. Routine health and safety checks were undertaken and a daily ‘safety pause’ took place where staff monitored the potential of any incidental risks to residents, such as contractors on-site for example. Since the last inspection there had been a significant re-configuration of premises and the person in charge confirmed that related risk assessments and site management processes had been revised to reflect these changes in circumstances.

A fire safety policy was in place dated October 2017. A regular regime of fire drills and fire checks took place. These were all recorded in an accessible fire-safety register where entries were noted on a daily, weekly and monthly basis. All members of staff had received current fire training and those members of staff spoken with by the inspector understood the importance of effective evacuation procedures and regularly took part in routine fire drills. Records of fire drills reflected who had participated, the time of event and time of duration as well as any learning from the exercise. Certification was in place to confirm that equipment, such as fire-extinguishers and emergency lighting, was regularly serviced and maintained in effective working order.

Measures were in place to prevent accidents throughout the premises. Signage identified hazards such as the storage of oxygen. Call-bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. An organisation-wide
The process for incident recording and reporting was in place and learning from this was regularly reviewed by management. Since the last inspection the laundry facility had been relocated within an adjacent building on site; it was appropriately equipped and ventilated to meet the needs of the service in relation to individual laundering. General laundering was undertaken by external contractors.

A regular programme of training was in place for staff in relation to infection control. A nominated member of staff had responsibility for infection prevention and control in keeping with the related standards. A clinical nurse specialist in infection control also regularly attended the centre. There were infection control audits of equipment, such as hoists and slings. Hygiene audits were in place for kitchen areas and bathrooms and staff regularly participated in hand-hygiene audits. The person in charge explained that there were four nominated hand-hygiene assessors. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

**Judgment:**
Compliant

---

**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
Appropriate action had been taken to address the areas for improvement that had been identified on the previous inspection. Systems had been developed to monitor stock levels and the return of out-of-date or unused medicines. Written operational policies and procedures were in place that provided guidance on the ordering, prescribing, storing and administration of medicines to residents. All policies had been reviewed in September 2017.

The procedures for storing medicines that required strict control measures, such as those under the Misuse of Drugs Act, were appropriate. The inspector saw that these medicines were stored securely and the related register of stock was completed and signed by two nurses at the change of each shift. A signature bank of all nurses responsible for administering medication was maintained.

Where medicines were refrigerated the temperature of storage was recorded and monitored and these records were available for reference. Medicines such as eye drops...
had the dates of opening recorded on the product. All unused or out of date medications were collected and stored separately in a locked cupboard in the nurses’ station and arrangements were in place for their removal from the centre. The incident recording and reporting system was used to capture any medication errors that might occur. Medication was supplied by a local pharmacy in blister packs. The blister packs contained a description and an illustration of each medicine. New medicine storage trolleys had been acquired with individual keypad access for additional security. Management confirmed that the pharmacist visited the centre on a regular basis and was facilitated to meet their obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland. Residents were supported to retain the services of their own pharmacist where available. The pharmacist also undertook audits and provided support in relation to training.

The inspector reviewed practice in relation to the administration of medicine with a member of nursing staff. Protocols were in place to support good practice in ensuring the correct medicine was administered appropriately to the resident in keeping with the requirements of the prescription. Prescription sheets contained the necessary biographical information, including a photograph of the resident. A sample of prescription records was reviewed and where PRN (as required) medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, this practice was appropriately authorised by the prescriber and documentation was in place to this effect. At the time of the inspection no residents were responsible for administering their own medicines. The inspector reviewed practice around circumstances where a resident might refuse a medicine and was satisfied that referral for review by the prescriber took place when necessary.

**Judgment:**
Compliant

**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector in keeping with requirements. A record of all notifications and associated investigations and documentation was made available to the inspector. Action identified on the previous inspection had been addressed and all quarterly reports were completed as required in keeping with Regulation 31(3).
Judgment: 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):**
No actions were required from the previous inspection.

**Findings:**
No areas for improvement had been identified on the previous inspection and the care planning processes assessed were in keeping with requirements. The inspector reviewed processes around the planning of care and related documentation with nursing, care staff and management. The person in charge confirmed that the centre was appropriately resourced in relation to health care access. The statement of purpose set out the services available that included regular access to allied healthcare professionals in physiotherapy and speech and language therapy, for example.

A policy was in place that directed procedures on the admission of residents. Pre-admission assessments were undertaken to ensure that the service was appropriate to meet the needs of a resident. A comprehensive assessment was completed for each resident following admission that covered the full range of needs in relation to the activities of daily living, such as nutrition, mobility, personal care and cognition, for example. Standardised tools were used to inform assessments of needs and care plans based on these assessments provided relevant guidance to staff on the appropriate provision of care.

Care planning records were maintained in hard copy format and included relevant information on residents’ health, medication and communication needs. The inspector saw that care plans were well maintained and securely stored. Documentation was clear and records of regular review were dated and signed. Where residents had been reviewed by a medical officer or allied healthcare professional there was a signed and dated record of the review. Daily nursing notes were maintained. The inspector attended a staff handover meeting and noted that communication around care plans was supplemented by individual updates where necessary. Documentation confirmed that appropriate consents were in place and records of consultation with residents or families were recorded.

Care plans provided information about specific risks that had been identified, in relation...
to abscondation for example. Where measures to mitigate the risk were in place, such as a security alarm, there was evidence of assessment, consultation and consent as appropriate. Where a fall had occurred there was evidence that the resident had been reassessed, with appropriate consideration given to the potential impact of recent changes in prescribed medicines, and a referral for review by the prescriber had taken place. Dietary needs were set out clearly and individual preferences were recorded. At the time of inspection there were no residents presenting with any wounds or pressure sores. Routine observations were recorded in relation to weights, blood pressure and temperature. A programme of influenza vaccination was in place for residents. Oral care assessments were in place and the person in charge confirmed that access to dental services was provided when necessary. The centre had access to palliative care resources as required. Consultancy services in relation to gerontology and older age psychiatry were also available and community mental health services regularly attended the centre.

Judgment:
Compliant

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

**Theme:**
Effective care and support

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

**Findings:**
As outlined previously, significant work had taken place to improve the environment of the centre. The premises had been reconfigured to remove two eleven-bedded wards and create two four-bedded and three three-bedded wards. All staff facilities and administration were located on the first floor. New sanitary facilities had been installed and existing bathroom facilities had been upgraded. A new laundry facility had been completed. A programme of refurbishment and decoration was ongoing. Improvements had been made to reduce risk around the use of an exit from the dining room to the outside.

The centre was a two-storey building, originally built in the 1930’s. The centre was located on the outskirts of Millstreet on an extensive site, accessed via a tree-lined drive with scenic views over the hills and country side all around. Parking facilities were available on-site. There were areas outside where residents could take a walk and there
was also a secure paved area with seating that was directly accessible from the dining room.

The layout of accommodation and facilities was as detailed in the statement of purpose. On entrance to the centre there was a large, bright reception area with seating, where residents and visitors were seen to gather at various times during the day. Accommodation was laid out in two wings along a corridor to either side of this central access point. The dining area was located to one side and provided access, through double-doors, to a paved outdoor area with plants and seats. On the other side there was a small sitting room that could be closed off to create quiet space, and that opened onto a bright day room where activities often took place. The nurses’ station was also located on this side of the corridor.

Accommodation was laid out over the ground floor only, with 22 residents accommodated in two four-bedded and three three-bedded wards. There were also two twin-bedrooms and a single room. All these rooms were equipped with wash-hand basins and overhead hoists. Furniture and furnishings were in good condition and included a wardrobe, lockable storage and a chair. Bathroom, toilet and shower facilities were accessible and appropriate to the layout and occupancy of the centre. There was an accessible assisted bath facility. Staff facilities, including a changing area and kitchenette, and administration offices were located on the first floor. The person in charge explained that a schedule of preventive maintenance took place and relevant certification was available for reference. The premises were clean and well maintained throughout with evidence of recent and ongoing redecoration and refurbishment. Heating, lighting and ventilation was appropriate to the size and layout of the centre. However, there was a lack of adequate storage space for equipment and items such as wheelchairs were seen stored on wards and in communal areas of the centre.

The kitchen on the ground floor was well laid out and catering equipment, including the cooker and dishwasher, had recently been upgraded. Catering facilities were appropriate to the size and occupancy of the centre. The laundry facility was located in an out-building adjacent to the centre.

**Judgment:**
Non Compliant - Moderate

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The complaints policy had been reviewed and now appropriately referenced a complaints officer and procedures for appeal as required by the regulations. A summary of the complaints procedure was on display in the centre. Information on how to make a complaint was referenced in the statement of purpose and was also included as part of the information guide provided for residents. The policy cited relevant legislation and set out the procedure to follow in making a complaint, including how to make a verbal or written complaint, and the expected time frames for resolution. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The procedure also outlined an internal appeal process and identified the responsible person for oversight of the process in keeping with Regulation 34(3). Contact information for the office of the Ombudsman was provided.

The inspector reviewed the record of complaints and concerns with the person in charge. Relevant information was available on the nature, circumstances, response and outcome of the complaints recorded. A review of the complaints system indicated that the processes around receiving and dealing with complaints were in keeping with the described procedures. The person in charge confirmed that, at the time of inspection, there were no complaints currently open and none that had been referred for review via the appeal process. Records indicated that any issues raised had been resolved.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Policies and procedures were in place that supported a holistic approach to care with consideration given to the physical, psychological, spiritual and social needs of residents at end of life. At the time of inspection there were no residents being supported with end-of-life care. The inspector reviewed care planning practice with staff who were able to describe relevant training that had been provided and the impact of training on information provided to residents and families. Training records confirmed that a number of staff had attended training in relation to compassionate end-of-life care. The inspector reviewed a number of care plans and noted that pastoral visits were recorded. Training on the development of advanced care directives had taken place in October 2017 and the person in charge confirmed that residents and relatives had also been
provided with access to the information presented. Effective support was available from both GP services and a palliative care team. Family and friends were facilitated to be with their relative at the end-of-life stage and hospitality could be provided. The person in charge confirmed that pastoral care was available as required to meet the diverse spiritual needs of residents.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
Appropriate policies that provided guidance on the management of nutrition and hydration were in place and had been reviewed in December 2017. Signed records of staff having familiarised with the information was maintained.

The inspector reviewed care planning processes and noted that residents’ needs around nutrition and hydration were routinely assessed on admission. Residents were reviewed on an ongoing basis through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool. Significant weight changes were flagged for review and referrals to allied healthcare professionals, such as a speech and language therapist or dietitian, took place where necessary.

The inspector observed residents taking lunch and supper in the dining room. Tables were laid out for small groups and most residents were seen to take their meals in the dining area at these times. The inspector noted that some residents were assisted with their meal in the conservatory and a small number took their meal in their room or by their bed. The dining room was available for breakfast also though most residents remained in bed or in their rooms for breakfast. Staff were available to provide individual assistance to residents where necessary. Staff providing assistance had received relevant training in supporting residents who might have difficulty when swallowing. Staff spoken with were able to explain the different food textures and drink consistencies that residents might require and were aware of the importance of ensuring that these requirements were carefully observed. Staff also understood the importance of ensuring that residents who needed assistance were appropriately positioned during mealtimes and when taking drinks.
The inspector discussed mealtime communication and practice with the chef who was able to explain how information was shared with nursing and healthcare staff about the needs of residents. Catering staff had access to both written and verbal information about the profile of residents and their individual requirements. The inspector observed that residents were provided with choice at mealtimes and that meals were freshly prepared and well presented. Home baking was also provided. Residents spoken with were complimentary of the food and pleased with both the variety and quality. Refreshments and snacks were provided throughout the day and residents were seen to be provided with drinks on a regular basis.

**Judgment:**
Compliant

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

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
Relevant information about the service was made accessible to residents and an information folder was provided that included a copy of the statement of purpose and the resident guide. Consultation processes were in place and there was a regular resident forum that was independently facilitated by a community support group for the elderly. Residents knew the person in charge and met with her on an almost daily basis. There was evidence that residents had been consulted in relation to changes around the re-configuration of accommodation in the centre and also the development of an outside recreation area. Resident opinion was also canvassed through questionnaires and surveys and this feedback was available for reference. Information about access to independent advocacy services was available. Residents were supported to engage in civic responsibilities such as voting and the centre had served as an area polling station.

The inspector reviewed feedback from residents in questionnaires and also discussed the experience of care with residents and visitors in the course of the inspection. Responses in this regard were generally positive and residents remarked on very good care and communication with staff. Residents could exercise choice around daily activities and almost all residents partook in communal activities of recreation or dining in the course of the day. Some residents went to the dining area to read the papers.
before breakfast and had the choice to remain there for their breakfast or return to their room. Residents were seen to have choice around where and how they spent their day. Some residents partook in activities in the conservatory area and others were seen to receive visitors in the communal reception area at the entrance. The inspector saw that some residents had particular preferences as to where they would sit for most of the day and staff ensured that these choices were facilitated.

The inspector reviewed care planning around socialisation and activation with staff. Responsibility for the activation programme was shared between a number of staff who had received relevant training in areas such as creative activities and Sonas, for example. A regular schedule of activities included bingo, proverb sessions and physical exercise or dance. Documentation was in place that recorded the extent of resident participation. Activity sessions were seen to take place in the course of the inspection. Pastoral support was provided as required and prayer groups regularly attended the centre. A volunteer programme was in place and music groups regularly performed at the centre. Outings to the local hotel took place on occasion and the centre also celebrated anniversaries and birthdays for residents with cake baking and refreshments. There were strong links to the community with many residents and staff coming from the local area. The person in charge confirmed that significant support and resources to develop improvement initiatives for residents had been provided by a local support group for the centre.

Staff interactions with residents were seen to be courteous and person-centred and staff demonstrated a good knowledge and understanding of individual residents' backgrounds and personal interests. Residents had a choice of communal areas to sit in throughout the day and arrangements could be made to provide private visiting space for residents also.

As outlined previously in the report, significant progress had been made to reconfigure the premises and reduce the number of residents sharing accommodation. Bathroom facilities had been refurbished to improve access and privacy. However, the centre continued to provide long-term accommodation for up to 17 residents in three and four-bedded rooms. Staff were seen to close doors and use screens as appropriate when providing care. However, the privacy screens were not always effective in ensuring privacy of communication, or for personal activities and care. Management and staff spoken with by the inspector demonstrated an awareness and understanding of how these circumstances might impact on residents. The inspector noted that efforts had been made to personalise the individual space for a resident around their bed with photographs and personal belongings. Named photographs of residents were on many beds and the person in charge explained that this supported residents with a cognitive impairment to orientate themselves within the space and help them identify their area and bed. However, the practice itself was in place to compensate for the circumstances of communal residential accommodation, and did not support the privacy and dignity of individual residents.

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:
Previous inspection findings had identified inadequate facilities for the storage of residents' personal belongings. On this inspection there was evidence that some improvement had been made in this regard. The reduction of occupancy levels in rooms had created more space for storage facilities. There was a centre-specific policy on residents’ personal property and possessions. A record of personal possessions and belongings was maintained and regularly updated. A new laundry facility had been provided and systems were in place to ensure that residents’ personal clothing could be cleaned and safely returned. Residents were provided with wardrobes for clothing storage. However, capacity in this regard was limited and many of these units could only hold clothes folded flat. As a consequence residents’ garments were often hung and stored separately in another part of the centre, limiting the extent to which residents could retain control over their belongings.

Judgment:
Non Compliant - Moderate

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

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The inspector reviewed the staff rota and confirmed with the person in charge that the actual staffing levels were in keeping with those planned. Staff numbers and their skill mix were appropriate to the resident profile and layout of the centre as described in the statement of purpose. At time of inspection care was directed through the person in charge with the support of a designated administrative resource and a clinical nurse manager as a nominated person participating in management.

Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. The inspector attended a handover meeting with staff and saw that information relevant to the changing needs of residents was appropriately highlighted. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff ensured appropriate supervision at all times. The inspector spoke with healthcare staff who confirmed that they had received training appropriate to their role. Staff spoken with by the inspector were aware of their statutory duties in relation to the protection of residents.

The inspector reviewed the training programme with the person in charge who confirmed that training resources were provided as necessary. Additional training was provided in relation to infection prevention and control, dysphagia and medication management, for example. Organisational policies on recruitment, training and vetting described the screening and induction processes for new employees and also referenced job descriptions and probation reviews. Records confirming current professional registration was in place for all members of nursing staff. The inspector reviewed a sample of staff files that were compliant with the requirements of Schedule 2 of the Regulations. The person in charge confirmed that all volunteers and members of staff at the centre had been appropriately vetted in keeping with statutory requirements and verification forms were in place at the time of inspection to confirm these circumstances in relation to staff files checked. However, the vetting disclosure document in relation to one member of staff could not be provided and action in this regard is set against Outcome 5 on Documentation.

Judgment:
Compliant

Closing the Visit

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

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

**Report Compiled by:**

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

### Centre name:
St Joseph’s Community Hospital

### Centre ID:
OSV-0000575

### Date of inspection:
16/01/2018 and 17/01/2018

### Date of response:
06/03/2018

## 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 03: Information for residents

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The contract of care required amendment to fully reflect the specification of Statutory Instrument No. 293 in relation to the type of accommodation to be provided for a resident on admission.

1. **Action Required:**
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

---

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

**Please state the actions you have taken or are planning to take:**
All contracts of Care are now compliant with Regulation 24(1)

**Proposed Timescale:** 28/03/2018

---

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Vetting disclosure in respect of one record sampled could not be made available by the provider.

**2. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Data Controller has confirmed in writing that Garda Vetting for all staff in Millstreet Community Hospital is available for inspection to HIQA if necessary

**Proposed Timescale:** 28/03/2018

---

### 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:**
There was a lack of adequate storage space for equipment and items such as wheelchairs were seen stored on wards and in communal areas of the centre.

**3. 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:**
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.
**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:**
The use of multi-occupancy rooms did not support communication or personal activities and care in a manner that promoted and protected privacy and dignity. Named photographs of residents were on many beds. This practice was in place to compensate for the circumstances of communal residential accommodation and did not support the privacy and dignity of individual residents.

4. **Action Required:**
Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

**Please state the actions you have taken or are planning to take:**
“The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.”

**Proposed Timescale:** 31/03/2021

---

**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:**
Many storage units could only hold clothes folded flat and residents’ garments were often hung and stored separately in another part of the centre, limiting the extent to which residents could retain control over their belongings.

5. **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:**
Hanging space will be made available for each resident in their bedside wardrobe and clothes will be hung separately taking the different seasons into account.

**Proposed Timescale:** 30/04/2018