

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	OSV-0000169
<b>Centre address:</b>	Clones Road, Ballybay, Monaghan.
<b>Telephone number:</b>	042 974 1141
<b>Email address:</b>	olshballybay@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Congregation of the Daughters of Our Lady of the Sacred Heart
<b>Provider Nominee:</b>	Kathleen McQuillan
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	2

## 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 1 day(s).

**The inspection took place over the following dates and times**

From: 24 July 2017 09:30 To: 24 July 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 31 residents who need long-term care, or who have respite, convalescent or palliative care needs. The inspectors reviewed progress on the action plan from the previous inspection of which all were satisfactorily completed. Notifications of incidents received since the last inspection were reviewed on this visit.

The inspectors met with the provider and person in charge who displayed a good knowledge of the regulatory requirements. The management team has an active

presence at all levels in the centre. The provider attends the centre daily.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met.

There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence. During conversations with the inspectors residents confirmed that they were well looked after, the care was good and they felt safe. Questionnaires completed by relatives and residents confirmed they were satisfied with the service provided.

Staff had the required skills and qualities for their roles of work. All staff were up to date on refresher training in fire safety, manual handling, safeguarding of vulnerable adults. There was a good range of supplementary training attended by staff in continence care, infection control, caring for residents with dementia, and appropriately responding to behaviours.

The premises, fittings and equipment were clean, well maintained and decorated. Arrangements were in place so that each resident's care plan was kept under formal review. There were opportunities for residents to partake in activities. An activity coordinator was employed each day of the week.

There was a good choice of options at each mealtime. Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

A total of 14 outcomes were inspected. Eleven outcomes were judged as compliant with the regulations and two as substantially in compliance with the regulations. One outcome was moderate non-compliant.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet 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 Standards for Residential Care Settings for Older People in Ireland.

**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):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of schedule 1 of the regulations.

The statement of purpose was kept up to date and revised in June 2017.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a defined management structure in place. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. The person in charge through the support of the provider has the autonomy and resources to ensure good clinical and operational governance systems are in place for the

provision of the service.

The registered provider is actively involved in the centre's governance. She is well known to residents and their families. She attends the centre daily each morning and evening and provides pastoral care to many residents and support to their families.

The person in charge is supported in her role by a team of nursing staff and two assistant directors of nursing who generally work opposite shifts to ensure a nurse management presence to lead in clinical care on a daily basis.

Staff confirmed that good communications exist within the staff teams. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA. Relatives who spoke with the inspectors spoke of the care and dedication by all staff in caring for their next of kin. They communicated 'they were welcome to visit at all times' and 'staff always kept them informed of any changes or visits by the doctors'.

There was evidence of quality improvement strategies and monitoring of the service to ensure enhanced outcomes both individually and collectively for residents. The inspectors reviewed audits completed by the person in charge. A system of audits is planned to include clinical data over a wide range of areas namely any accident or falls sustained by residents, the usage of psychotropic medication, and the number of residents with a raised bedrails. A list of residents with a do not resuscitate status (DNR) is maintained.

There is an audit program to ensure a defined set of criteria are reviewed regularly and systemically. A comprehensive audit of accidents or falls by residents was completed. An improvement plan was developed to ensure learning from each incident.

A medicines audit was completed in conjunction with the pharmacist. The medicines audit reviewed the storage of medicines maintenance of records and included a competency assessment of all nurses administering medicines.

There is a system to audit the usage of psychotropic and night sedative medication to inform practice to ensure optimum therapeutic dosage for residents. An audit of care plans and weight checks is undertaken at intervals to ensure consistency in work practices.

An annual report on the quality and safety of care for 2016. This was comprehensive and key performance indicators reviewed were linked to the aims objective and ethos of care outlined by the governance team.

**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:**

Information informing residents of the day to day matters in the centre was prominently posted in appropriate locations on aspects of the centre such as the meal menus and activities on for the day. A quarterly centre newsletter had recently been rolled out to provide news to residents and their relatives of events, outings, holiday celebrations and other news in the centre.

The centre had contracts of care which identified the regular fee payable by the resident and the services and therapies which would be facilitated by the centre and incur additional cost. Contracts noted whether the resident's bedroom was single or shared as per the 2016 amendment to the regulations.

**Judgment:**

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:**

The person in charge has not changed since the last inspection. She has been employed at the centre since 2015. She fulfils the criteria required by the regulations in terms of qualifications and experience. She is a registered nurse and holds a full-time post.

The person in charge had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.
<b>Judgment:</b> Compliant

<b>Outcome 06: Absence of the Person in charge</b> <i>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.</i>
<b>Theme:</b> Governance, Leadership and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> <p>The provider is aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during any absence.</p> <p>There are two deputies notified to HIQA. Both have a clinical nurse manager role. A review of staff files evidenced engagement of continuous professional development. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident.</p>
<b>Judgment:</b> Compliant

<b>Outcome 07: Safeguarding and Safety</b> <i>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.</i>
<b>Theme:</b> Safe care and support
<b>Outstanding requirement(s) from previous inspection(s):</b>
<b>Findings:</b> A sample of personnel files reviewed included evidence of vetting by An Garda Síochána.



Additionally, the provider provided inspectors with signed assurance that all staff employed by the centre were vetted. All members of care and ancillary staff had received training in safeguarding of vulnerable adults and were familiar with the types of abusive situations and how to respond to instances of alleged or suspected abuse. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

The action plan from the previous inspection had been met in a number of staff having received training in appropriately caring for residents with a dementia or responsive behaviours.

Residents had the option of storing small amounts of petty cash in a secure location on the premises. The centre maintained a log of any lodgements or withdrawals for each resident. The recording of finances required review to ensure protection of the residents and staff. While amounts added or subtracted were logged, there was no running balance to inform staff and residents in a transparent manner the accuracy of their current balance. A sample of resident's personal finances was reviewed. There were discrepancies between the actual amount and the amount listed in the record.

Inspectors were advised that this was due to bills paid by the resident which had yet to be added to the record. Inspectors advised that the balance log is edited at the time when cash is added or withdrawn. Deposits and withdrawals were not signed by two people to protect staff when handling residents' finances. Arrangements needed to be made to ensure that residents had access to their money on the weekends.

Access to the centre was secured with a coded keypad. A visitor's book was present to monitor those entering and exiting the building. The chapel on the premises was open to attendance from members of the local community, but was laid out in such a way that visitors did not have to go through residents' living areas to access the chapel.

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. A small number of residents left the centre daily on their own to go for walks. Consent was obtained from residents and their wishes respected. A risk assessment was completed and the calculated risk discussed with the residents. On this basis, their choice was supported. There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence.

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours. A number of residents were discharged from the care of the psychiatry team to their general practitioner (GP). Staff could describe particular residents' daily routines very well to the inspector. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health.

The action plan from the previous inspection in relation to promoting a restraint free environment was satisfactorily progressed. The percentage of residents with two bedrails raised has decreased by 20% in the past year. A risk assessment was completed and a care plan in place. How the raised bedrails supported the residents and

ensured an enabling function was outlined in care plans. A restraint or enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night.

**Judgment:**

Non Compliant - Moderate

***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:**

Care and ancillary staff had all received fire safety training and were familiar with their role in the event of a fire alarm trigger and in the case of evacuation. Fire drills were held in the centre. Reports from these noted where the simulated fire was located, the time taken for staff to respond, the people involved and the equipment required to evacuate the residents in the area. Notes were kept on aspects causing delay, and actions required to ensure effective evacuation in the event of a real event, such as noting that one area required more evacuation sheets based on the residents' need in the fire zone.

The centre had an allocated fire team. A small selection of staff for each day were designated initial responders to the fire panel and take the lead on coordinating an evacuation. Staff rostered on the fire team for the day of inspection were aware that they were fire safety responders when asked without having to consult the board first.

The regular staff inspections of escape routes, door release mechanisms and fire alarm systems were well documented, and certificates of testing and servicing from external companies on emergency lighting, extinguishers and the fire panel were available for review. Each resident had a personal emergency evacuation plan (PEEP) composed and readily available to staff, which listed their mobility needs in the event of an evacuation. Each bedroom door and compartment door had an electronic mechanism installed which would hold the door open where desired, while closing the door to contain flame and smoke in a fire event.

Kitchen staff were appropriately trained in food safety practices around the storage, preparation and serving of meals. Cleaning and laundry staff followed good infection control practices around collecting and returning clothing including soiled items, and were knowledgeable in how their procedures are changed by an infection or outbreak. Sluicing facilities were available onsite, and inspectors discussed with the provider to ensure that these were locked when not in use to prevent a resident from entering

these rooms.

The centre maintained a health and safety statement which was relevant to the centre premises and its residents. Risks were assessed around centre-specific aspects such as the ramps, the proximity of the centre to a lake, the local community attending mass in the centre's chapel, and residents who used public transport independently. The centre had a clearly filled maintenance book, and health and safety checks on room temperatures, upkeep of furniture and equipment was on-going.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There was a medicines management policy in place which provided guidance to staff to manage aspects of medicines from ordering, prescribing, storing and administration.

These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked to ensure all medicine orders were correct for each resident.

Regular medicines were identified separately, from short term medicines and p.r.n medicines (a medicine only taken as the need arises). However, the maximum dose for p.r.n medicines was not specified in each of the prescription charts reviewed. The person in charge had identified this on a recent medicines audit and work had commenced to review the prescription order with the maximum p.r.n dose.

Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed.

The administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the medicine and time of administration. The medicines were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

Medicine was being crushed for one resident only at the time of this inspection. Alternative liquid or soluble forms of the drugs were sought where possible through

consultation with the pharmacy. Medicines being crushed were signed by the GP as suitable for crushing.

Medicines were being stored safely and securely in the clinic room which was secured. Medicines that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspectors checked a selection and found them to be correct.

**Judgment:**

Substantially Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

**Findings:**

There were 29 residents in the centre during the inspection. There were ten residents with maximum dependency care needs. Eight residents were assessed as highly dependent and six had medium dependency care needs. Five residents were assessed as low dependency. All residents were residing except one were residing in the centre for continuing care. The other resident was admitted for one week for respite care.

All residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Twelve residents had a diagnosis of dementia, cognitive impairment or Alzheimer's.

A preadmission assessment was completed to ensure the centre could meet the needs of prospective residents.

Each resident's wellbeing and welfare was maintained by a good standard of nursing, medical and allied health care.

On admission a comprehensive assessment of needs is completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess

levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.

The inspectors reviewed four resident's care plans in detail and certain aspects within other plans of care including the care plans of a resident admitted for short term care and another resident recently returned from hospital. There were plans of care in place for each identified need. Care plans described well residents' level of independence and what they could do for themselves.

There were plans of care in place for each identified need. Arrangements were in place so that each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives.

The care plans were well developed and personalised. Each resident had a range of care plans to meet their physical and psychosocial healthcare problems. The care plans described well each resident's level of independence and what they could do for themselves and the areas in which they required help and support in their activities of daily living.

Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs. Nursing notes were completed on a twice daily basis and provided a clinical record of each resident's health. Clinical observations such as temperature, blood pressure, pulse and weight were assessed monthly.

Residents had access to GP services and there was evidence of medical reviews. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

There was one resident with a vascular wound at the time of this inspection. The inspector reviewed this file. A plan of care was in place and regularly revised. There was evidence of access to a clinical nurse in wound care and vascular clinic.

Access to allied health professionals including dietician, occupational therapist and speech and language therapist and physiotherapist was available to residents. There was evidence of seating assessments or specialist advice being obtained from an occupational therapist. The provider employs a physiotherapist who attends the centre each week and is available to review all residents to help promote mobility and respiratory functioning.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The premises, including older parts of the building, have been well adapted and modernised to make a safe and accessible building for residents. Visible slopes with handrails were present in lieu of stairs and steps. A lift was provided to allow residents move easily between the ground and first floor. The centre was free of major environmental and trip hazards and used safe floor covering and handrails along all hallways to facilitate residents' independence and mobility.

The building was in a good state of repair, clean and appropriately heated and ventilated. There were two vacant rooms which were due to be occupied in the next few days. The person in charge advised that the maintenance staff were working to touch up minor maintenance issues such as chipped paint before new admissions were accepted.

All residents' bedrooms were of an appropriate size and layout. They were all in close proximity to toilets and shower facilities. Bedrooms were decorated in a homelike and personalised manner. Bedrooms accommodating more than one resident included privacy screening between the living spaces which did not obstruct each resident to navigate the room. There was adequate storage space for residents' belongings. All communal and en-suite toilets and shower facilities were equipped with assistive equipment such as grab-rails, wetroom floors and low level bathroom ware for residents with reduced mobility to use. There was a newly installed assistive bath in the centre, accessible to resident who required hoist transfer. Call bells were available in all bedrooms, bathrooms and communal areas, and documentation on their testing and maintenance was recorded.

There was a large sitting room where residents were observed watching television, chatting amongst themselves and with staff, doing arts and crafts, reading and strolling in and out to other areas of the centre. The main living room was nicely decorated and featured with clear displays of the time, date and which activities were on for that day through the use of pictorial signage which is helpful to orientate residents with dementia or confusion.

The room was adjacent to a nicely decorated patio with planter trolleys, birdfeeders, and furniture on which residents were sitting out relaxing in the sun. There were two

other living rooms available for residents to have a quiet space or where they could receive visitors in private. One of these also had a large safe and secure outdoor area where outdoor events could be held. Residents were observed navigating the building without difficulty, and some good examples of dementia friendly design were observed. Inspectors discussed with the provider potential further enhancement of dementia friendly design with the addition of individual visual triggers to allow residents who are mobile with a dementia be assured that they are at the correct bedroom.

The centre had a dining room which suitable in size and capacity for all residents, and in its seating layout accounted for the number of resident who tended to have their meals elsewhere, used wheelchairs, or required staff assistive. There was a fully equipped kitchen and laundry onsite. There was adequate storage space for resident equipment such as wheelchairs and hoists, including designated space adjacent to the main day room where this equipment could be stored and accessed easily without obstructing movement around the room. There was a chapel on the premises of which residents made daily use and was optionally accessible to the local community without having to go through residents' living space to attend Mass.

**Judgment:**  
Compliant

### ***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):**  
No actions were required from the previous inspection.

**Findings:**  
The centre maintained a complaints procedure which was prominently posted in the centre. It identified the person responsible for managing complaints and the contact details for if the complainant is unsatisfied with the outcome of the matter. No recent complaints had been received, but for those that would be received, the complaints officer had a record book which would note the means by which the complaint was received, the actions and outcome of the investigation of same, and whether or not the complainant was satisfied with the conclusion. This log would be used to identify trends and recurring subjects of complaints.

**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:**

There were appropriate kitchen and dining facilities to meet the number and needs of the residents in the centre. The seating of the dining room was laid out in such a way as to take account of residents who did not eat in the dining room, those who used wheelchairs, and those who required a member of staff to assist them.

The kitchen was appropriately equipped, resourced and staffed. There was an adequate amount of ingredient stock to provide for residents who changed their mind on what they wanted for meals as well as for those who wanted something different altogether. Safe food hygiene and safety practices were used around the storage, preparation, serving and reheating of food. Food was served in batches to ensure it was still hot by the time it reached the resident. Routine temperature checks were carried out on the fridge and freezer and storage labels were used to note how long food could be kept and still used.

Communication structures were in place to keep the kitchen staff up to date on modified diets, allergies and preferences of each resident in the centre. Menus were on a four week review cycle to maximise variety. Care staff had access to the kitchen outside of the staffed hours to prepare foods for residents who wanted anything later in the night.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. There was sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence. Meals were served in accordance with each resident's dietary requirements including those on modified consistency and special diets. Residents were highly complimentary of the food served. Cold drinks including juices and fresh drinking water were readily available throughout the day.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall staff were observed to be respectful and friendly in their interactions with residents. Staff were observed chatting to residents, using their name, knocking and getting permission before entering bedrooms, and being knowledgeable of the residents, their histories, needs, preferences and personalities. The activities coordinator had a sheet to hand with all residents birthdays listed so they could be celebrated.

Resident forum meetings were held every few months in the centre and were well attended. The meetings discussed issues which mattered to the residents, and heard feedback and suggestions related to the day to day running of the centre, activities, meals, and outings. From the minutes of each meeting and action plan was generated for management to work towards. Feedback from residents on the care and service was also collated through the use of satisfaction questionnaires.

There was a good variety of activities for residents in the centre, including baking, arts and crafts, board games, flower arranging, exercises and bingo. The role of activities coordinator was rotated each day between a few care assistants. The activities coordinator maintained an attendance list of each resident and the activities they attended each day. Notes were made daily on whether the resident actively participated, just enjoyed passively observing that day's activities, or who refused the offer to join. The activities coordinator had time set aside to spend one to one time with residents in their room who were unable or chose not to attend activities. The activities coordinator had a summary sheet for each resident's assessed ability to use their arms and legs, understand instructions and puzzles, and a brief outline of their interests and hobbies before coming to the centre from which meaningful activities could be trialled, or be used as conversation topics relevant to the resident.

Residents had a daily prayer session and regular mass which was well attended in the mornings. Ballot boxes were set up in the centre to allow residents to vote. Residents who were capable of going down to the community or travelling to stay with family were facilitated and encouraged to do so, with a risk assessment and action list created to ensure they remained safe while doing so. The centre had Wi-Fi and while it wasn't widely used among the long-term resident population, staff advised that some respite service users had used it to watch things online or keep in contact with family.

**Judgment:**

Compliant

**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:**

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill-mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

All nurses operating in the centre had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

All staff were up to date on training in fire safety, manual handling, safeguarding of vulnerable adults. There was a good range of supplementary training attended in continence care, infection control, caring for residents with dementia, and appropriately responding to behaviours. Attendance kept for each training session showed good attendance at these, and there was a training schedule for 2017 including upcoming training in advanced care planning and food hygiene, and sessions for staff benefit on matters such as coping with death. All staff spoken with or observed were familiar with procedures in the centre around responding to alleged or suspected abuse incidents, and what to do if the fire alarm were to trigger. Staff spoke in a friendly and respectful manner to residents, and were knowledgeable of residents' needs, histories and personalities that they could have meaningful conversation with them. Residents and relatives met by inspectors spoke highly of care standard and attitude of the staff in the centre.

Inspectors reviewed a selection of personnel files and found them to contain all documentation and vetting information required under Schedule 2 of the regulations. The provider gave inspectors assurance that everyone who works in the centre is and will be cleared by An Garda Síochána. The centre did not have any volunteer staff and did not use any external agency staff. Staff of each category had minutes of meetings recorded, which focussed primarily on practice quality and development, and the needs of staff to deliver optimal care, such as where increased hours or additional training may be required.

<b>Judgment:</b>
Compliant

<b>Closing the Visit</b>
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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:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	OSV-0000169
<b>Date of inspection:</b>	24/07/2017
<b>Date of response:</b>	17/08/2017

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

Improvement was required in recording and signing for deposits and withdrawals of residents' money, and keeping the record accurate and up to date, to protect both the resident and the staff handling their finances.

#### **1. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

residents from abuse.

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

We have reviewed our policy on finances and updated practices on recording of personal finances. There is running balance maintained while amounts added or subtracted were logged. In future, all the deposits and withdrawals will be signed by two people.

Our arrangements are altered for the weekend where the residents can access to their money on the weekends.

Proposed Timescale: 15/08/17 and Ongoing

**Proposed Timescale:** 15/08/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Doors to sluicing facilities were not secured when not in use.

**2. Action Required:**

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

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

Our maintenance person is in the process of installing locks onto sluice room doors.

**Proposed Timescale:** 16/09/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The maximum dose for p.r.n medicines was not specified in each of the prescription charts reviewed.

**3. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All the prescription charts are reviewed by the pharmacist and the maximum dose for p.r.n medicines is specified.

**Proposed Timescale:** 16/08/2017