

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Home
Centre ID:	OSV-0000245
Centre address:	Abbey Road, Ferrybank, Waterford.
Telephone number:	051 833 006
Email address:	mswaterford@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Sr Christine Devlin
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	3

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.

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 Quality 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 03 June 2015 09:30 To: 03 June 2015 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The centre was the subject of a thematic inspection in 2014 and had a minor non compliance in end of life care. The last full monitoring inspection took place on 8 October 2013. There were seven actions identified at that inspection. This inspection reviewed those findings and found that all of the actions had been satisfactorily resolved by the provider.

The inspection reviewed the level of compliance of the provider with eight of the core outcomes required by the regulations.

There were robust and effective governance systems in place, safeguarding systems were evident and risk management procedures were satisfactory. Good practice and compliance was also found in health care and in medication management systems. A small number of issues in relation to documentation was identified and these were discussed with the provider who agreed to address them. The staffing number and skill mix was also satisfactory, augmented by the presence of the sisters who are qualified nurses and live on the premises. The provider agreed to keep the staffing under review should the number of residents increase.

All of the premises including the five bedrooms identified were very well designed, spacious, well maintained and suitable to meet the needs of all residents. The entire premises was included in the original documentary evidence of

compliance with the statutory fire Authority.

The inspector was informed by the residents during the inspection that they felt very much at home, had significant choice in their daily routines, were consulted regarding their health care and were treated with kindness' and respect.

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 Quality 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 was forwarded to the Authority as part of the application for the variation in the condition of registration. It was compliant with the requirements of the regulations. Admissions to the centre and care practices were seen to be congruent with the statement of purpose as outlined.

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:

Governance arrangements were found to be satisfactory. It was apparent that there was significant management oversight of the care delivered.

The provider was fully engaged with the governance of the centre. The provider was

also a reregistered and experienced nurse with additional qualifications in care management.

Resources including staffing levels were well utilised to ensure the safe and effective delivery of care.

The person in charge was supported by a suitably qualified and experienced assistant director of nursing. Roles and responsibilities were clearly defined and reporting structures were evident and effective. A detailed annual review of the quality and safety of care had been undertaken based on a process of auditing of practices, seeking of residents and relatives feedback and observations by the provider and the person in charge. Audits undertaken included medication, complaints, falls, nutrition and call-bell response times. Findings were analysed and actions taken to address any trends identified.

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 was suitably qualified in general nursing and had continued her professional development with training in palliative care and gerontology. She was in post since May 2014 and also had extensive management experience in other jurisdictions.

She was engaged fulltime with the governance, management and administration of the centre. Both residents and staff were very familiar with her. It was apparent from observation and conversation that she was very familiar with the residents and their needs. She was also familiar with the requirements of the regulations and standards and with other legislation and evidenced based practice. The reporting arrangements were clear.

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):

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

Findings:

The inspector was satisfied that resident's safety and welfare was prioritised. A review of a sample of financial records indicated that systems were transparent and detailed and undertaken with the residents consent. The provider was acting as agent for two residents. All of the required documents were in place. Residents could at any time be given a record of their finances and payments to the provider. There was a policy on the management of resident's finances.

The inspector reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory and in line with all guidelines and requirements. The policy demonstrated an understanding of the role of other statutory bodies and the responsibility of all persons connected with the centre to act responsibly. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in the person in charge to act on any concerns which may arise.

The inspector reviewed documentation in relation to an allegation which had been made. The required notification was forwarded to the Authority and also reported to other statutory agencies. From the documentation available and speaking with the provider and person in charge the inspector was satisfied that the provider had taken the appropriate steps promptly to protect residents and sought the advice and support of other statutory agencies. The inspector acknowledges that the situation was complex and that the provider put appropriate supervisory systems in place to prevent any further occurrences. Residents informed inspectors that they felt very safe and well cared for in the centre.

There was a policy on the management of challenging behaviours and the inspector found that while such behaviours were not a feature of the service and where they did occur they were managed in a sensitive and supportive manner. Care plans detailed the most effective strategies and triggers were identified. Where necessary residents were accommodated in different rooms to ensure more effective supervision could be implemented. Censor alarms were also used appropriately to support residents. Staff

demonstrated their understanding of the residents psychosocial needs and how best to support them. There was evidence of prompt referral to and multidisciplinary review from psychiatry of old age and mental health specialists where this was required. A review of a sample number of medication charts indicated that Pro-re-nata (as required) medication was not used routinely to manage behaviours and it was carefully reviewed by the prescribing clinicians.

The action required from the previous inspection was in relation to the use of bedrails and lap belts. There had been a significant reduction in the use of both of these restrictions other than where they were clinically prescribed to support residents when mobilising or resident themselves requested their use for safety and comfort. The inspector saw that appropriate assessments were undertaken, alternative were trailed, and the outcomes monitored, and documentation regarding supervision and release was evident. The assessment documentation also demonstrated that the use of the restrictions was carefully considered and the safety and risk of their usage was also considered.

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:

Issues identified at the previous inspection in relation to risk had been addressed with the securing of the exit to the laundry and the placing of a call-bell in the smoking room. Overall the inspector found that resident's safety was prioritised with a balanced approach taken to risk management and the resident's right to make choices, remain independent and autonomous.

A risk management policy was in place and implemented throughout the designated centre. The policy covered the identification assessment and management of risks. It included all of the elements required by the regulations and the process for learning and review. The comprehensive safety statement was signed and up to date. There was a health and safety committee and safety officer appointed. Records seen by the inspector showed that attention was paid to identifying any areas requiring action, risk assessments and controls implemented.

In practice, risks identified were responded to with appropriate actions taken following any accidents or incidents and residents had individual risk assessments undertaken.

Core safety features including safe flooring, hand rails, falls alarms, working call-bells, unobstructed corridors and exits were evident. Sluice rooms, treatment rooms and exits were fitted with key pad locks.

There was an emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be necessary. A generator was available in the event of a power failure. Emergency phone numbers were available to staff.

Training records demonstrated that staff had undergone training in moving and transporting residents and in first aid. Good practice in manual handling was observed by the inspector. Incidents of falls or other accidents were found to be low. Where falls or other incidents had occurred the inspector found that appropriate medical review was sought promptly and the incidents were reviewed promptly to prevent reoccurrences.

Policy on the prevention and control of infection was satisfactory and staff were knowledgeable on the procedures to be used on a daily basis and in the event of any specific infection related concern. Staff were observed taking appropriate precautions and using personal protective equipment.

Fire safety management systems were found to be satisfactory. All staff had undergone fire safety training annually and detailed fire drills were held twice yearly. The fire procedure was clearly displayed and staff spoken with were knowledgeable on the procedures to be used in such an event including the use of the compartments and emergency contact systems. The premises had been reviewed by the statutory fire service and reports indicated they were satisfied with the environment and the systems in place. Documentation confirmed that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and the fire panel were recorded.

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):

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

Findings:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt of, management, administration, storage and accounting for medication were satisfactory. There were

appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents. Staff were prompt in monitoring and reporting any adverse affects.

Transcribing practices were in accordance with guidelines and requirements. A number of medication audits had been undertaken in 2014 including one the use psychotropic medication which was monitored.

Handling and storage of controlled drugs was safe and in accordance with current legislation. The action required from the previous inspection included the detailing of the maximum dosage of medications administered on a pro re nata (as required') and this was satisfactorily resolved. The prescription sheets contained a photograph of the resident and the signature of the prescriber was present when medications were discontinued.

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 centre is a purpose-built five-storey building which opened in November 2010. There are 50 en suite single bedrooms with assisted shower, toilet and wash-hand basin facilities for residents use. This includes the five bedrooms which are the subject of the application for variation. Eighteen of these rooms are located on the first floor and 27 on the second floor. Room dimensions and layout provide optimum space to enable access for care or use of equipment if needed. The en suites are also assisted, very large, and can accommodate any assistive equipment needed for the residents. There is more than adequate storage for residents' possessions and there is also lockable storage in each room.

The doors to residents' rooms are fitted with locks suitable to the resident's capabilities and are accessible to staff in defined circumstances. There is a letterbox in each bedroom door and access to the room is via a door bell. Each room has a television,

telephone and a call-bell system which was seen by inspectors to be functioning fully. There are suitably equipped additional and accessible toilets and additional bathrooms on each floor also.

There is adequate lighting and ventilation and heating is controlled in each resident's room. Fail safe devices have been fitted to prevent risks from scalding.

There is extensive communal space and other facilities provided throughout the centre. Facilities provided on the ground floor are a meeting room for other religious denominations, a concert hall, computer room for residents, hairdressing salon, medical suite, shop, tea room with a bakery, library, and arts and crafts room, volunteer's room, smoking room, four lounges, one dining room, a chapel, mortuary, music room offices, and the main kitchen. Laundry and staff facilities are located in the basement.

The first and second floor comprise resident accommodation, lounges, dining rooms, a small hairdresser room for residents who do not wish to use the main hairdresser saloon. The third floor is the Little Sisters of the Poor accommodation and is not part of the registration application. There are three passenger lifts and serviced records viewed confirmed regular servicing of these. Hand rails are fitted throughout the building.

The centre was observed to be bright, furnished to a high standard and very clean throughout. There were appropriate pictures, furnishings and colour schemes. Residents stated that they found the communal accommodation and their own bedrooms very comfortable. Relatives also commented very positively on this aspect of the service. They enjoyed the spacious well maintained grounds with plenty of seating available for residents and visitors. The kitchen was very clean, fit for purpose and well organised.

There was appropriate assistive equipment available to meet the needs of residents including electric beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. Hoists and other equipment were all well maintained and service records viewed by the inspector were found to be up to date.

The provider employed the building service manager and a maintenance man who responded to all the day-to-day maintenance of the centre, grounds and equipment.

Closed circuit television (CCTV) was used for security on the external grounds and in the main entrance only but did not intrude on the privacy of residents.

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)

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that current staffing arrangements were satisfactory. In order to ensure this remains so with the increase in the number of residents, the person in charge stated that she intended to employ an additional care assistant staff at night which will bring the staffing compliment to five, with one nurse. Five of the residents are members of the religious congregation and their sleeping accommodation is located on what is referred to as the convent but is actually within the body of the centre. A care assistant is assigned to them during the day and at night.

The staffing ratio is supported by the fact that the person in charge and the ADON are available, on duty and are also available on the premises at night if additional nursing support is required. The provider and person in charge agreed to keep this ratio under review. A clinical nurse manager was available on a daily basis in addition to the person in charge and the ADON to provide clinical supervision advice and assistance to the nursing staff assigned to each floor.

There was evidence that the provider and person in charge made every effort to ensure their recruitment practices were suitable and safe. There were policies implemented for the recruitment, induction and training of staff and all references were verified via telephone in addition to the written reference required. From a review of a sample of staff files the inspector was satisfied that all the required documentation including references, curriculum vitae, photo identification, evidence of qualifications and registration with any professional body and An Garda Síochána vetting was procured.

There was evidence of a continued commitment to both mandatory and other training pertinent to the resident needs. All mandatory training including fire safety, the protection of vulnerable adults, manual handling and infection control was found to be updated for all staff.

Other training available from internal and external sources included gerontology, health and safety, pain management, venepuncture, wound care, restraint and dementia training. A significant number of the health care assistants had been supported to undertake Further Education and Training Awards Council (FETAC) Level 5 award.

There were staff supervision systems in place and a detailed staff appraisal system. From a review of this the inspector found that it focused on the needs of the residents and staffs ability and suitability to undertake this work. On a day-to-day basis it was also apparent that there was supervision of the care delivered.

New staff were briefed in fire safety procedures and there was a detailed induction

programme which included supernumery time.

Regular staff meetings took place and a review of the minutes indicated that residents care, codes of conduct and procedures were the primary focus of these minutes.

Staff were observed to be resident focused in their work, attentive and responsive and were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance was available at the centre.

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:

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