



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Little Sisters of the Poor
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	20 April 2022
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0035279

About the designated centre

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

St Joseph's Home is owned and operated by the order of The Little Sisters of the poor. It is a purpose built centre registered to provide care to 48 residents. It is situated in Ferrybank in Waterford city close to all local amenities. It provides residential care to people over the age of 65years. It offers care to residents with varying dependency levels ranging, from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs. The centre comprises of two units on separate floors named; Lourdes and Fatima. All resident accommodation is provided in large single en-suite bedrooms. The centre has ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodate residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon are all located within the centre. Brightly-coloured shop fronts had been constructed for the medical centre, activity centre, shop and tea rooms to replicate a 'village-like' environment. A large balcony is located on both floors, where flowers, herbs and vegetables are being grown by residents. There is a large church where Mass is celebrated daily. Outdoor space in the form of enclosed gardens and seating areas to the front and rear of the building are available for resident and relative use. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The person in charge lives in the centre and is on call as required. The nurses are supported by care staff, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

47

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 April 2022	09:45hrs to 19:25hrs	Catherine Furey	Lead
Wednesday 20 April 2022	09:45hrs to 19:25hrs	Bairbre Moynihan	Support

What residents told us and what inspectors observed

Residents were positive about their experience of living in St. Joseph's Home and praised staff for their help and companionship. The inspectors greeted and chatted with many of the residents and spoke in depth with eight residents and four visitors in order to gain insight into the experience of those living there. Visitors to the centre were highly complimentary of the care and attention their loved ones received. One visitor remarked that they could rest easy at night knowing their family member was safe and taken care of.

The inspectors were guided through the centre's infection control procedures before entering the building. The centre was warm and bright throughout and there was a homely atmosphere. The centre was clean to a high standard with alcohol hand gels readily available throughout the centre to promote good hand hygiene. Staff were seen to wear personal protective equipment (PPE) appropriately. The premises was built in 2011 and was modern and spacious in design. All rooms were single, en-suite with ample space for resident's personal belongings. Circulating corridors were wide and fitted with handrails to support residents to mobilise independently and safely and all areas of the centre were wheelchair accessible and floors could be accessed by a lift. A number of rooms were available to residents to utilise including sitting rooms on each floor, a large dining area on the ground floor and one on each floor. Each floor had a balcony where residents could sit outside. The centre had adequate storage space throughout and there was an activities room, concert hall and church, providing a variety of different areas for residents to spend time in both individually and in groups.

On arrival to the centre in the morning, inspectors noted that several residents were getting up and some residents were in bed or sitting in their bedrooms. Bedrooms were personalised and some residents had brought in their own furniture, photos, china and other personal items from home. Residents had televisions and reading materials in their rooms and each room had a doorbell, which staff and visitors were seen to use, and wait for a response, before entering. One resident stated that this doorbell made the place feel more like an individual apartment than a room in a nursing home. Staff were observed assisting and attending to residents in a friendly and respectful manner. Residents looked well cared for and had their hair and clothing done in accordance with their own preferences. Residents were very satisfied with the laundry service and said their clothes were never out of place and came back to them sparkling.

Residents were observed relaxing on comfortable seats in a number of communal rooms which were available throughout the centre. There was a spacious and bright dining room on the ground floor and each floor above had a smaller kitchenette and lounge area, should residents prefer to dine closer to their room. Tables were set nicely with centrepieces of fresh flowers and crisp tablecloths, adding to the overall dining experiences for residents. Food was served in the main dining room from a heated bainmarie, and to the other floors of the house via a heated hotbox,

ensuring all meals were served hot and appetising. The internal courtyard was accessible from the ground floor. Inspectors saw that this area was not yet set up with tables and chairs for residents, and were informed that it was not used as much as the front of the house or the beautiful Grotto, which was a peaceful area for residents to sit and enjoy the good weather. Throughout the day, visitors were observed with residents sitting in the garden or enjoying a walk outside in the sunshine. Volunteers who had worked in the centre for a number of years were tasked with organising visits to the centre. While visits were plentiful, there was a requirement to book ahead, which was no longer required, given that no resident in the centre currently had COVID-19. One visitor who spoke with the inspector did mention that they would like a little more flexibility with the visiting arrangement, and another was more than satisfied with the current regime. The management team assured inspectors that they would keep the visiting arrangements under review.

Residents described how the second outbreak of COVID-19 had been a hard blow, as the requirement to isolate in their rooms again was tough to take. However, residents stated they had been kept up-to-date by management and staff with all of the different restrictions and they understood the need for caution in these uncertain times. One resident who had recovered from the virus said the fresh summer air and sunshine gave them hope for the future. Many residents said they held onto their faith during these times and the daily Mass celebrated in the centre was the most important part of their day.

Residents felt safe in the centre and all residents who spoke with inspectors stated they would have no hesitation reporting or discussing a concern with any member of staff. The residents knew the person in charge and residents gave examples of issues they raised with her which had been dealt with to their satisfaction. Residents enjoyed the companionship of staff and of other residents and particularly liked living close to their local community. Residents were very happy with mealtimes and the food choices offered. Some residents were pleased that they could have breakfast in bed and then go back to sleep. They agreed that they were involved in decisions about the centre. Their views were sought about various issues at resident meetings. For example they suggested some menu changes which were taken on board.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, residents received good clinical care and support within the designated centre. There was sufficient staffing levels and a well-established management structure. On this inspection, some improvements were identified in relation to

medication management, the management of behaviours that challenge, and infection control, which are discussed further in the Quality and Safety section of the report.

The registered provider of St. Joseph's home is Little Sisters of the Poor. The provider is involved in the operation of two other designated centres which are overseen by a board of management consisting of four religious sisters and a mother provincial, who visits the centre three-monthly. The person in charge is one of the religious sisters. The previous inspection which took place in July 2020 found that overall levels of compliance had improved. At that time, the centre was improving its governance and management structures. This inspection found that these governance systems were strongly embedded into the centre, ensuring the service provided to residents was safe, effective and appropriately monitored.

This unannounced inspection was carried out following an application by the registered provider to renew the registration of the centre. Additionally, inspectors assessed the overall governance of the centre to identify if the improvements seen on the previous inspection had been sustained and the actions outlined in the centre's compliance plan had been implemented. The person in charge is supported in the daily operations of the centre by two part-time assistant directors of nursing and a clinical nurse manager. One of the assistant directors is the designated infection prevention and control lead for the centre and both assistant directors and the clinical nurse manager have designated areas of responsibility such as overseeing regular documentation of key performance indicators and completing audits of various areas of service provision. There is a senior staff nurse who is the dedicated wound care lead. She is jointly responsible for the induction of new staff and works with staff on a day to day basis as an extra team member on the floor to solve issues and provide support. All of the management team attend the clinical governance meetings to ensure all aspects of care and service provision are discussed. Additionally, the nursing staff are encouraged to identify their own strong points and are assigned specific roles for example, oversight of residents' nutrition status. A building services manager and maintenance personnel have oversight of all fire safety and premises-related systems in the centre. Further team members include human resources and accounts managers. Each floor of the centre has a designated religious sister, whose responsibility it is to oversee the non-clinical care environment for residents for example, the housekeeping, assisting in the delivery of meals, and allocation of staff breaks. Inspectors found that staff were all aware of the lines of responsibility and accountability in the centre. The sisters report to the person in charge and the registered nurse on each floor has responsibility for all clinical aspects of care. The centre had a morning and evening handover and a midday "huddle" every day where staff on duty would attend and any risks or issues identified that morning could be communicated and discussed.

The centre was recovering from its second large outbreak of COVID-19, which had affected 23 residents. Following the previous outbreak in 2020, the centre had reviewed its preparedness plan for COVID-19 and it was again enacted on the second outbreak. There was evidence of frequent engagement with the public health department and local infection prevention and control nurses in relation to overall infection control procedures and overall management of the outbreak. The

centre's infection control lead had qualifications and experience relevant to the role. As part of this role, she provided onsite face-to-face training with staff at yearly intervals. The 2022 training was delayed due to the COVID-19 outbreak but inspectors viewed a plan for training for 2022 which was to commence imminently. Staff had also completed a suite of online infection control modules including donning and doffing of PPE, hand hygiene and breaking the chain of infection. Environmental audits were completed quarterly with actions escalated and closed off on the re-audit if complete. The centre did a look back review of the COVID-19 outbreak in 2020. The review identified what the centre did well and what the centre could do better, for example the centre identified that staff shortages were a problem during the first outbreak, and at the outset of the second outbreak they had immediately engaged the assistance of agency staff to supplement their own staffing levels.

On the day of inspection, the staff rosters showed that there was no further reliance on agency staff and the centre's staffing model had returned to normal. There was sufficient staff of all grades on duty and this allowed for a person-centred ethos of care to be delivered. Training of new staff was ongoing and there was a period of induction for all new staff. Mandatory training modules such as the management of behaviours that challenge and fire safety training were completed and refresher training in infection prevention and control was scheduled for all staff. Training modules were a mixture of online and face-to-face where possible.

The centre maintained a log of incidents and accidents such as falls and other minor injuries. While these were seen to be well managed, a small number had not been notified to HIQA, for example, an incident where a resident briefly absconded from the centre. There was a complaints policy which was displayed in the centre for residents' and relatives' information. This policy clearly outlined the procedures in place to make a complaint. A review of the centre's complaints log verified that this procedure was followed. Complaints were audited regularly and there was a low incidents of complaints occurring.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted a completed application to renew the registration of the designated centre within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse, worked full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of

the role.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed the centre's staff rosters across all departments. These showed that there was sufficient staff, of an appropriate skill-mix to meet the needs of the residents, given the size and layout of the centre and the dependency level of the residents. The centre had required the use of agency staff to maintain normal staffing levels, and to provide enhanced staffing levels during the recent outbreak of COVID-19 in the centre. The whole time equivalents of staff as described in the centre's statement of purpose reflect the staffing rosters viewed by inspectors.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors identified that one staff member safeguarding training was out of date. Records sent to HIQA following the inspection identified that this had been completed but not updated in the records. One further staff had to complete the training.

A number of staff had to complete refresher training in infection prevention and control, however records submitted to HIQA following the inspection identified that half of these had been completed and were awaiting input into the computerised training matrix. Onsite face to face infection prevention and control training was to commence in April and May 2022.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre maintained a directory of residents which contained all of the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of staff files, all of which contained the required items outlined in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected an annual contract of insurance against injury to residents, which was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. There were management systems in place to oversee the service and the quality of care, which were seen to effectively identify areas for improvement, and ensure the required actions were completed. The centre was adequately resourced by the registered provider.

There was a schedule of audits in the centre, which took place monthly and quarterly and identified any improvements required in clinical care and environmental safety. Clinical governance and health and safety meetings were held regularly which discussed all aspects of the quality and safety of the care provided in the centre, and included discussion on recent audit results.

An annual review of the quality of care in 2021 had been completed by the person in charge. This include the results of residents and relatives surveys, to provide additional information as part of the centre's annual quality improvement initiative.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. These were found to be signed by the resident, or where appropriate, their representative on admission to the centre. Contracts clearly outlined the fees payable by the resident, including

any additional fees for services not covered by the General Medical Scheme (GMS) or the Nursing Home Support Scheme (NHSS).

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared an updated statement of purpose, which was submitted as part of the application to renew the centre's registration. This was found to contain all of the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were a large number of volunteers working in the centre. Inspectors found that these volunteers had detailed roles and responsibilities, and all staff were aware of their individual roles and lines of authority. All volunteers in the centre had individual staff files in place which contained An Garda Síochána (police) vetting disclosures.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre maintained a record of incidents and accidents that occurred in the centre. Similarly to inspection findings in 2020, inspectors found that three notifications were not notified to HIQA within the required time lines in accordance with schedule 4 of the regulations. Inspectors identified that the incidents were followed up, care plans put in place, review of the incident and measures put in place to minimise reoccurrence. Notifications for the three incidents were submitted following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

St Joseph's Home received a small number of complaints. There were no open

complaints on the day of inspection. A review of the records of closed complaints found that resident's and families complaints and concerns were promptly managed and responded to in line with the regulatory requirements and there was a record kept of all complaints and actions taken.

Judgment: Compliant

Regulation 4: Written policies and procedures

Three policies required by Schedule 5 of the regulations were either not in date on the day of inspection or two versions were contained within the folder. Policies required were submitted following the inspection. In addition, the visiting policy, while in date, referenced Health Protection and Surveillance Centre (HPSC) guidance from April 2020, despite two further updates having been published since that time. The provider must ensure that the most up-to-date version of a policy is available for staff to refer to.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors identified that the residents' individual human rights were upheld in this centre. Staff were committed to promoting an approach to care and service delivery that understood and respected these rights, including the right to dignity, privacy and choice. During the various levels of pandemic restrictions, the centre worked hard to maintain this approach, and it was evident that the residents were cared for by a team of dedicated and professional staff.

The internal and external premises was maintained to an exceptionally high standard and was seen to be clean and bright throughout. Cleaning staff were proficient in their role and had a good understanding fo the requirements for heightened cleaning during an outbreak of COVID-19. The provider ensured that staff had appropriate equipment to clean the centre to a high standard, and ensured that correct procedures were followed in doing so. The centre was using a colour-coded loop mop system for cleaning the floors. These were decontaminated in the centre's large laundry facility. Some areas for improvement are discussed under Regulation 27: Infection prevention and control.

Following the previous inspection, the centre had completed a review of all residents' care plans to ensure that they were sufficiently detailed to guide the care of the residents in a person-centred way. Inspectors examined a sample of different care plans and found that these were descriptive, individualised and updated

regularly, to ensure that only the current plan of care with relevant information was contained within the care plan. This system was maintained by regular audits of care plans by the nurses, who were assigned a cohort of residents, ensuring that all plans were routinely reviewed. Inspectors saw that residents were regularly assessed for clinical and environmental risks such as risk of pressure ulceration, falls and wandering. Residents had good access to medical and other health and social care professionals. Resident's medical needs were maintained by their individual general practitioner's (GP's) during the outbreak. The residents' mobility and nutritional needs post COVID-19 infection had been reviewed appropriately by physiotherapy and speech and language therapy professionals to ensure residents were rehabilitated back to their baseline status, where possible.

There were a small number of residents in the centre who displayed behaviours that challenge as a result of a diagnosis of dementia. While these residents care plans were detailed and described person-centred interventions to reduce the occurrence of these behaviours, and the individual de-escalation techniques identified as alleviating the behaviour, there was further oversight required of the use of medications in these instances. This is detailed under Regulation 7: Managing behaviour that is challenging. Overall medication management procedures were good, however, as outlined under Regulation 29; Medicines and pharmaceutical services, a small number of issues were identified which were not in line with best-practice guidelines.

Residents meetings took place regularly, and records of these showed that any issues identified were actioned. A suggestion box was provided on each floor for residents who could not attend the meetings. The residents were surveyed regularly on their satisfaction with all areas of the service provided, including meals, the garden, the bedroom accommodation and the staff. In response to a recent survey where residents said they would like to see more outdoor seating, a new wooden gazebo and appropriate seating had been installed. The centre took a proactive approach to activities during COVID-19 and set up an activities channel for residents which was streamed to each floor of the centre. Residents were observed to be viewing the morning exercises during the inspection. A number of residents were taking part in musical bingo in the afternoon. Residents who were unable to, or chose not to attend mass were able to view it on the channel.

Visitors were noted in the centre during the inspection, with appropriate checks for symptoms of COVID-19 and the requirement to carry out hand hygiene. However, restrictions remained on visiting with a requirement to prebook visits in advance which is not in line with current HPSC guidance. Inspectors were informed and the risk register confirmed that the centre was endeavouring to lift this restriction by the summertime.

The centre were risk-aware and a review of risk reduction records identified that all presenting risks had been identified and appropriately controlled to minimise the risk occurring. Good practices were identified around fire precautions. The building services manager was responsible for the coordination of all fire systems in the centre including checking of means of escape and coordination of the centre's emergency response plan. Regular evacuation drills were conducted. These involved

residents and included information sessions for both residents and staff with analysis of the completed drill, identifying areas for improvement. Large pictorial displays demonstrating fire safety procedures were displayed in the centre, ensuring that staff and residents alike were aware of the risks of fire in the centre, and how to evacuate safely.

Regulation 11: Visits

Visits were observed to be facilitated on the day of inspection. However, visitors were required to book in advance. This is not in line with current HPSC guidance. Inspectors were informed that the centre was taking a cautious approach to visiting at the centre due to a recent COVID-19 outbreak. This decision should be underpinned by a risk assessment including a rationale for the decision taken.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors were assured that residents had access to and retained control over their personal possessions. Bedrooms were spacious with suitable storage for residents belongings, including locked facilities for safekeeping of precious or private items. Laundry facilities in the centre were of a high standard, and residents clothes were well-maintained and returned to the resident promptly.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was of a high standard and was suitable to meet the needs of the current residents. Improvements were noted with regard to the enclosed garden spaces which had been secured to ensure residents could wander safely without risk of entering the main car park or road.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times, including residents who required a

modified consistency diet. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, drinks and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Clinical and environmental risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified. A major emergency plan was in place detailing arrangements for the safe care of residents.

Judgment: Compliant

Regulation 27: Infection control

Overall, there was good oversight of infection prevention and control practices, however, some areas for improvement were identified:

- None of the hand hygiene sinks throughout the centre were compliant with current recommended specifications. Management stated that they had previously identified this.
- There was inappropriate placement of a clinical waste bin. In addition, there was no clinical waste bin in a sluice room. This was brought to management's attention on the day of inspection.
- The temporary closure mechanism was not engaged on two sharps boxes in the treatment room on the first floor.
- There was inappropriate storage of a loop mop head and boxes containing stock in a store room in the basement. The store room was a room located within the cleaners room which contained a janitorial sink. The door was open between both rooms. Management should review this to ensure that there is no cross contamination between the cleaners room and the store room.
- PPE was stored in a large area which was a garage. A number of boxes of PPE were noted to be out of date. Inspectors were informed it was PPE that

was delivered at the beginning of the pandemic and had not been required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors were assured that staff were competent to evacuate residents in a safe and timely manner. Fire drill records showed that fire evacuation drills were carried out regularly. These included the simulated evacuation of various areas of the centre, including the progressive evacuation of residents between fire compartments and vertical evacuations down the staircase. The drill reports were detailed and included identified areas for improvement.

Daily, weekly and quarterly fire safety checks were conducted and recorded. Evidence was provided which showed that the emergency lighting system, fire alarm panel and fire extinguishers were serviced regularly. Personal Emergency Evacuation Plans (PEEP's) were in place for all residents which identified the means of evacuation and number of staff required to assist the resident to evacuate both during the day and at night time.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While the general medication management systems in place were found to be good, further oversight was required to ensure that medications were correctly administered and to avoid potential errors occurring;

- One resident's medication Kardex had not been signed by the GP during the routine medical review three months previously. This is important as the centre's policy is for two nurses to transcribe medications onto the Kardex and for the GP to review, to minimise errors in transcribing.
- PRN (as required) medications did not have indications documented for their use. This is particularly important with regard to high-risk PRN medications, for example, psychotropic and sedative medications. The impact of this is discussed under Regulation 7: Managing behaviour that is challenging
- The date of opening was not recorded for an important medication which had a reduced expiry date when opened. Therefore, staff could not identify when the medication would expire.
- A medication in use was found to be out of date. There was an in-date stock of this medication in storage, and this was immediately used to replace the out-of-date medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents' assessments and care plans provided evidence that significant work had been done by staff and management to ensure that all residents' care plans were person-centred in nature and contained sufficient detail to guide the delivery of care. Improvements were noted in the recording of end of life care wishes for all residents and there was evidence that residents and, where appropriate, their representative were involved in reviews of care plans. Validated assessment tools were used to assess residents clinical, social and psychological needs. Inspectors found that care plans and assessments were regularly reviewed and updated with any changes to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care through regular reviews by GP's in the centre. There was evidence of timely and appropriate referral to, and review by a variety of health and social care professionals such as physiotherapy, optometry, consultant psychiatry and occupational therapy. Residents were provided with good levels of evidence-based nursing care in the centre and there was good overall management of wounds and any other presenting medical or nursing issues.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Despite overall good systems in place to respond to and manage behaviours that challenge, inspectors were not assured that residents were consistently responded to in a manner that is not restrictive. Inspectors identified the following;

- The use of psychotropic or sedative medication on a PRN (as-required) basis was not sufficiently monitored. Stock balances of these medications did not align with the count of medications available.
- On one occasion, a resident had been administered a psychotropic medication used in the treatment of anxiety without any documentation of the rationale for its use. There was no associated notes made in the resident's daily nursing narrative to indicate that the resident was displaying behaviours associated with anxiety, and no rationale given as to why this medication was

required.

Further oversight of the these types of medication is required to ensure that underlying factors for a behaviour are explored, and that all available alternatives to the medication, are trialled prior to administration.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors were assured that there were appropriate measures in place to safeguard residents and protect them from abuse.

- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- Inspectors verified that there was secure systems in place for the management of residents' personal finances. The centre was not acting as a pension agent for any resident.
- Staff were knowledgeable as to the different types of abuse that can occur, and were aware of the correct reporting mechanisms should an allegation of abuse be disclosed.
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons. As identified under Regulation 16: Training and staff development, this training was due to be attended by one staff member and this was completed following the inspection

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which inspectors reviewed. Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000245

Inspection ID: MON-0035279

Date of inspection: 20/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All outstanding staff have now been trained in safeguarding. Records of staff safeguarding training have now been fully updated in the Training Matrix System. All staff that had previously completed HSE land infection prevention and control modules have now been updated in the training Matrix. Any further outstanding HSE land training in infection prevention and control will be completed by mid June. Onsite face to face infection prevention and control commenced in April 2022 and will be completed for staff and volunteers by 30th June.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>This was an unintentional omission on the part of St Josephs Home. The computerised system in use in the centre will now automatically email the person in charge to inform them that an incident form has been completed. This will allow the person in charge and assistant director of nursing to review every incident and ensure all required notifications are submitted to the Authority within the mandatory timeframe.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The HSPC current guidance in the folder viewed was out of date. This is because the infection control lead works from a current digital copy of all the guidance. It has since been updated. The units have not previously had the HSPC guidance and this has now been circulated and updated.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>In relation to hand hygiene sinks throughout the centre, this was discussed previously in 2019 before the pandemic but at this time due to the significant costs that would be incurred this was placed on hold. In May 2022, this issue was highlighted again during a clinical governance committee meeting and a decision was made to complete same on a phased basis. This plan includes identifying and rectifying the 10 critical sinks on the unit floors and then working out toward the less used sinks in the rest of the building. Quotes are being sourced by building services and we endeavour to get the critical sinks done at the earliest opportunity.</p> <p>This bin has been changed to a domestic waste stream and the sluices have all been checked and now all have a clinical waste bin and a domestic waste bin. The topic of waste stream has been added to the face to face infection control training course.</p> <p>Education was provided for nurses re protocol when using and storing sharps boxes. The sharps bins in the storage room on the ground floor have been removed.</p> <p>The storage room contained incontinence wear, which on investigation were out of service as there is now a well used pathway where they are delivered straight to the floor. These boxes have been disposed of and the store is now a storage facility for surplus cleaning products in packaging, stored on a series of racks off the floor. There is new signage on the middle door to remind staff to keep the door shut at all times.</p> <p>There has been such an appreciated overflow of PPE delivered that meant there was no other place to store the PPE safely. The garage is dry and not used whilst the PPE is in there and the maintenance staff that handle the deliveries were aware of the out of date PPE and were not putting this into the supply for staff. The HSE have responded to our query about what to do with the surplus stock. They have deemed all delivered PPE to now be "contaminated" and it is to be disposed of or donated at our cost and not returned. Maintenance are currently sorting the PPE into types and then we will identify a manageable stock back up supply in case of outbreak. This will be stored on racks off</p>	

the floor in a designated PPE storage area. Once we know what is surplus we will offer it to humanitarian organisations. If we are unsuccessful in this endeavour we will dispose of it appropriately. This will be completed by the end of May.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 The Kardex are reviewed every 3 months by the GP either on the premises or in the GP practice. At times the signing and returning of the Kardex can be delayed.

The CNM manages the 3 monthly Kardex reviews. If for any reason as by absence or otherwise the CNM is unable to complete this task he will inform the ADON of this situation and request that they ensure that the kardex update is completed as required.

As a follow up to the HIQA inspection which identified the need for stricter control and recording of psychotropic medication usage a new sheet has been devised for nurses use. This sheet requires signing, stock numbers and rationale for use at time of administration to the resident.

At the nurses meeting in April staff were reminded to document the rationale for psychotropic usage in the nursing narrative notes.

Every 4 weeks the medication blister packs are replaced on the units. All open eye drops will be disposed of within the specified shelf life and replaced with the new monthly stock. These eye drops will be dated and stamped at time of opening.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Immediately following the unannounced HIQA inspection a nurses meeting was convened and the agenda dealt with the issues that were highlighted in the feedback. A new PRN monitoring document was designed and introduced to staff at the nurses meeting. Education and instruction on the expected use of this document was clearly outlined.

Education was provided to staff nurses re the need to document the rationale for using a

psychotropic drug. It was also outlined that when documenting behaviours the description should be specific and not generalised.

It was emphasised to staff that alternatives to the administration of medication must be explored and tried out first before medication.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with	Substantially Compliant	Yellow	26/05/2022

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	26/05/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	26/05/2022
Regulation 04(1)	The registered	Substantially	Yellow	30/06/2022

	provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Compliant		
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	26/05/2022