



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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Hospital
Name of provider:	St Joseph's Hospital
Address of centre:	Bon Secours Care Village, Mount Desert, Lee Road, Cork
Type of inspection:	Unannounced
Date of inspection:	28 May 2020
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0029508

## About the designated centre

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

St Joseph's Hospital, Mt. Desert is a purpose-built designated centre situated in the rural setting of the Lee Road, Cork city, a short distance from Cork and Ballincollig. It is registered to accommodate a maximum of 97 residents. There is a large comfortable seating area and main 'Village Green' restaurant dining room to the right of the main entrance. Residents' accommodation is on this floor and all bedrooms are single occupancy with full en suite facilities of shower, toilet and wash-hand basin with additional toilet and bath facilities throughout the centre; accommodation is set out in four wings which are all connected:

- 1) Daffodil: 25 bedded unit with two living rooms and seating areas with direct access to the secure garden
- 2) Bluebell: 23 bedded unit with a living room, glass seating area and the Patel room dedicated private family room
- 3) Lee View: 25 bedded unit with living room, two glass seating areas with direct access to the secure garden
- 4) Woodlands: 24 bedded unit with two living room.

Additional facilities include the Beech room which facilitates large functions, the large activities room and Chapel. Offices of the clinical staff are located at main reception and administration offices are on the lower ground floor with restricted access.

St Joseph's Hospital, Mt. Desert provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	97
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 28 May 2020	10:00hrs to 16:40hrs	Noel Sheehan	Lead

## Capacity and capability

The purpose of this unannounced inspection was twofold: 1) to follow up on written representation submitted by the registered provider in response to a notice of proposed decision that was issued by the chief inspector regarding an application to vary conditions of registration, and, 2) to assess the preparedness of the designated centre to respond to the current COVID-19 pandemic.

Overall, there were effective management systems in this centre, ensuring good quality care was delivered to the residents. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

The provider had a clearly defined governance structure in place to promote and enable a quality service which included the board of management, chief executive officer and executive teams. The registered provider representative (RPR) visited the centre on a regular basis and held regular governance and management meetings. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by an assistant director of nursing, clinical nurse managers (CNM), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The RPR and management team displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular reviews of all aspects of the service and resident care utilising key performance indicators, staff appraisals and provision of staff training. An annual review of the quality of care was completed and included an action plan for continuing improvement. Team huddles were conducted three times a week as part of information sharing and education where interventions and forward planning regarding care was discussed along with progress on interventions and suggestions; responsiveness to COVID-19 was highlighted and discussed during these sessions.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work and there was low turnover of staff. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents.

There was a substantial COVID-19 folder available with up-to-date information from HPSC and HSE Public Health, a contingency plan with easy accessible information with operational detail would be invaluable should an outbreak occur. A COVID-19 management team was in place and management meetings were held twice

weekly. On call, deputising along with IT and remote working arrangements were planned. Liasion had taken place with GPs regarding continuity of care. There were clear and regular lines of communication to ensure that all respective groups of residents, families and staff were kept regularly informed of various measures in place.

The person in charge was the identified COVID-19 lead within the centre. A comprehensive contingency plan had been developed to incorporate a number of areas including governance and management, staffing, resources, infection control, cohorting and waste management. There was a plan with regard to isolation if required. A contact sheet of emergency contacts including crisis management team, GP, public health team and senior staff was also made available to staff to ensure that all potential support personnel could be contacted if required. Systems are in place to ensure that all resources were available and an ample stock of supplies was maintained. Staff had already been segregated to work in distinct units in the designated centre. There was ample PPE stock on site and there had been liasion with suppliers to ensure supply lines. All resources had been addressed within the contingency plan including PPE, cleaning equipment, O2, pharmacy, and communication devices. Staff training and development had been enhanced to respond to the challenges posed by COVID-19.

The centre accommodated 97 residents in 97 single bedrooms. All bedrooms were en suite with shower, toilet and wash hand basin. The registered provider had submitted an application to vary condition 7 of registration to increase numbers from 97 to 103 by renovating rooms 108, 208, 222, 307 and 423 to increase the capacity of the designated centre to 103 by changing current single room use as twin rooms, and renovating room 201 to return to its previous use as a registered single room (this had been used for family accommodation for palliative care). In response to the application to vary a notice of proposed decision to increase the capacity to 103 was issued. In addition, it was proposed to attach condition 8 applied to ensure that residents currently occupying rooms 108, 208, 222, 307 and 423 were not required to move or change to twin occupancy to facilitate increase in numbers of the designated centre. In applying the condition, that these rooms changing from single to twin occupancy, could only accommodate two residents when the current resident occupying these rooms are no longer living in the centre, the Chief Inspector is looking to ensure that current contracts of care of residents of rooms 108, 208, 222, 307 and 423, are honoured and to ensure that residents occupying these single rooms are not required to move room or change to twin occupancy to facilitate an increase in the number of residents in the designated centre.

In response to the notice of proposed decision issued by the Office of the Chief Inspector, written representation was submitted by the registered provider. The written representation showed that the registered provider had engaged with and facilitated the movement of the residents in rooms numbered 108, 208, 222, 307 and 423, before a decision to grant was made by the chief inspector. The findings on inspection substantiated this information. While the registered provider has not increased the number of residents in the designated centre and has agreed to not do so until the chief inspector has issued a decision to grant the application, the

steps taken by the registered provider did not uphold the contracts of care and the rights of these residents. The registered provider should not have moved the residents prior to a decision from the chief inspector.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. She and her management team were actively engaged in the governance, operational management and administration of the service. The person in charge demonstrated a strong commitment to the development of initiatives and quality management systems to ensure the provision of a safe and effective service.

Judgment: Compliant

#### Regulation 15: Staffing

Following a review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were sufficient to meet the assessed needs of the residents.

Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. They all felt there was enough staff available to meet their needs and always came to them when they called.

In the context of COVID-19 crisis, the staffing numbers and skill mix were appropriate to meet the support requirements of residents. Staff adhere to local protocols such as checking of temperature and completion of contact tracing prior to commencement of duty. The inspector reviewed process in place for ensuring staff were well and had their temperatures taken and recorded. Strict adherence to uniform policy is also emphasised. Zoned areas had been identified and at the commencement of shift staff were allocated their duties for the day to decrease contact tracing for individuals.

A contingency plan had been developed for the centre should staffing levels reduce. Minimal staffing levels had been risk assessed to ensure that supports affords to residents continued to be provided in a safe and effective manner. Deputising arrangements were in place should the person in charge or other members of the management team be unable to work.

Judgment: Compliant

## Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, nutrition and continence care. There was evidence that training was scheduled on an ongoing basis.

There was evidence of good supervision and staff development. Staff had completed COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE, hand washing, standard droplet precautions and swabbing. An infection control link nurse was in place to support training and learning. There had been updated infection and prevention control training in early May.

The person in charge has ensured that all staff and residents received up to date information and guidance relating to COVID 19. A COVID 19 folder was available in the centre and a text message alert system was utilised to ensure that all up to date information is communicated to all.

Staff briefings commenced in March 2020 to ensure staff were aware of procedures and policies. All updates are reinforced to staff at staff handovers and staff briefings.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents contained all of the information specified in the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The person in charge informed the

inspector that she was adequately resourced to fully discharge the function of her role. For example, the person in charge stated that she felt supported by the RPR who was always contactable.

The person in charge stated that she had adequate time to attend to specific areas under her regulatory remit and enough staff to ensure that residents support needs were being met. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. The centre was adequately resourced and met the needs of the residents.

The registered provider and person in charge had taken the necessary steps in relation to governance and management to prepare for an outbreak of COVID-19. The person in charge was the identified COVID lead within the centre. A comprehensive contingency plan had been developed to incorporate a number of areas including governance and management, staffing, resources, infection control and waste management.

While management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored, the registered provider and person in charge had shown a lack of understanding of their statutory responsibilities regarding contracts of care and residents rights as referenced in other areas of this report.

Judgment: Substantially compliant

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

All current residents had a contract of care as required by Regulation 24 (contract for provision of services) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended by SI 293 of 2016, which requires that contracts of care are in place for specific rooms and allow for number of residents in a particular room.

The registered provider and person in charge had engaged with and facilitated the movement of the residents in rooms numbered 108, 208, 222, 307 and 423, before a decision was made by the chief inspector in repose to an application to increase the capacity of the designated centre to 103. In applying the condition, that these rooms changing from single to twin occupancy, could only accommodate two residents when the current resident occupying these rooms are no longer living in the centre, the Chief Inspector was looking to ensure that current contracts of care of residents of rooms 108, 208, 222, 307 and 423, were honoured and to ensure that residents occupying these single rooms are not required to move room or change to twin occupancy to facilitate an increase in the number of residents in the designated centre.

Judgment: Not compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size. The person in charge clarified that charges for retention of GP services and private physiotherapy were not passed on to residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure for the management of complaints that identified the complaints officer, the independent appeals process and the person responsible for ensuring that all complaints were recorded and addressed. There was a notice on display identifying for residents and relatives the procedure for making complaints. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All staff had access to up-to-date guidance issued by the HPSC and the HSE. The COVID-19 policy detailed changes to policies during the COVID pandemic crises in areas such as admissions, visiting, provision of information to residents, infection prevention and control, risk management and communication to reflect the impact of COVID-19.

The provider/ person in charge have ensured that policies and procedures where required have been updated. A large number of policies including visiting, infection control, risk management, responsive behaviours and cleaning were seen to have been updated with COVID related material in April 2020. A full folder of COVID related material was in a COVID folder.

The centre had adopted, for the period of the COVID-19 crisis, national best practice guidelines such as the HPSC and HSE guidance on infection control and prevention and the infection control policy had been updated with COVID-19 information. The risk management policy reflected the risks associated with COVID to residents, staff

and the centres operation.

All documentation is available for staff to read and staff have access to websites and phone numbers to support them in accessing additional material as required. The registered provider had ensured that all staff have access to up to date guidance issued by national bodies. This is maintained in the COVID 19 folder and by text up dates.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, physiotherapy and chiropody. Overall, residents expressed satisfaction with the healthcare service provided. Staff consulted with residents and their next-of-kin regarding all aspects of care.

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. Overall the premises was very bright, clean and well maintained. There was plenty of communal space including outdoor areas for residents to enjoy.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. A COVID-19 management plan had been developed and an appropriate response was in place for all situations.

Visiting restrictions were in place as part of COVID-19 precautions. Nonetheless, telephone conversations with relatives were scheduled face-time and whatsapp messages set up to enable communication between families and residents. External facilitators that provided activities was cancelled as part of COVID-19 precautions. Staff actively engaged with residents, and the impact of COVID-19

crises acknowledged, facilities for occupation and recreation activities in accordance with peoples' interests and capacities.

There was a programme of activities that was led by activity coordinators and supported by a number of external providers such as musicians, at social distanced space. The programme of activities incorporated one to one time with residents that may not be able to actively participate in group activities. Residents were complimentary of the activities available and efforts were made to tailor the activities to the needs of individual residents.

Residents had access to an independent advocate that visited the centre regularly and also facilitated residents meetings. Issues raised at these meetings were brought to the attention of management and addressed.

A restraint register was maintained at unit level and information relating to restrictive practice was compiled on a weekly basis and CNM demonstrated good oversight of this information. This weekly report provided oversight of restrictive practices at individual and service level, and informed the weekly data collection as part of their key performance indicators.

Residents spoken with by the inspector confirmed that they felt safe in the centre and that staff were responsive to their needs. The inspector observed staff interact with residents in a kind and respectful manner.

There was evidence of consultation with residents and relatives and the annual review was made available to all and resident surveys had been undertaken. However, the registered provider and person in charge were not respectful of residents wishes and choice in engaging with and facilitating the movement of the residents in rooms 108, 208, 222, 307, and 423 to alternative accommodation in the designated centre. In the absence of a decision of the chief inspector such action was not appropriate and should not have taken place. The chief inspector was looking for assurance that all due care and consultation was given to residents regarding decisions made about their home and the processes underpinning the application to vary. The moving of these residents from the rooms allocated and supported by their respective contracts of care, to alternative accommodation before a decision of the chief inspector had been made did not uphold residents rights.

## Regulation 10: Communication difficulties

The registered provider and person in charge have ensured that residents and their families have been communicated with regarding public health measures taken in the designated centre and the reason for those measures. There are sufficient measures in place for residents to maintain their social contacts. The policy on communication with residents and their families was updated to respond to challenges posed by COVID-19.

The residents have been meeting on a regular basis with the person in charge and

offered the opportunity to ask questions or voice concerns. All residents have learned about hand washing technique and coughing and sneezing etiquette. The activities coordinator and person in charge both described how ongoing reassurance was being given to residents and families regarding COVID-19. To support communication the website was updated and a newsletter was set up.

Good communication was evident between staff, residents and their families and residents have been supported to write letters and to use their mobile phones. Wifi was available throughout the centre and the registered provider had recently purchased a number of tablets for residents use. Facetime, Skype and Whatsapp calls were used for residents to communicate with families and the centres staff kept in contact with family members giving them regular updates on their family member. Small videos were frequently sent to family members and the activities coordinator had a list of relatives emails and phone numbers in the COVID-19 folder to ensure up-to-date details were maintained.

The activities coordinator was contacting family members on a regular basis to update them on their family member and had informed them all on the recent mass testing and the results of same.

Judgment: Compliant

## Regulation 11: Visits

The designated centre was closed to all visitors at the time of inspection in response to the COVID-19 pandemic. Considerable efforts were being made by the provider and person in charge to reassure residents and families during this difficult time. Text message to each family every week giving an update and reassurance re COVID-19. Face time of 16 sessions per day arranged. Information pertaining to COVID-19 visiting restrictions and precautions were displayed at entrances to the centre. The person in charge described contingency plans should a resident need end of life care to enable family members be with the resident.

There are clear notices displayed at all entrances to the centre prohibiting visitors entering the premises. They have arrangements in place so that residents can maintain contact with their families such as regular telephone calls Skype and other means including an occasional window visits so families can see their relative maintaining the required social distance.

The person in charge discussed her plans to open up the centre back to visiting once the national guidelines allowed and discussed having appointments, garden visits, time restrictions and a number of other methods to ensure appropriate social distancing and hygiene guidelines were adhered to.

While general visiting was restricted, essential visiting on compassionate grounds for residents at the end of life was facilitated with adequate infection control measures in place including the use of PPE to maintain visitor's and residents

safety.

Judgment: Compliant

### Regulation 13: End of life

Records indicated that end of life preferences were discussed with residents and their relatives and these were facilitated. There was a chapel in the centre that was available for residents and relatives should they wish to have a quiet area for reflection or prayer. There was regular Church services in the centre. Other religious preferences were also facilitated. There was good access to palliative care services when required.

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. All residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable for its stated purpose. The centre accommodated 97 residents in 97 single bedrooms. All bedrooms were en suite with shower, toilet and wash hand basin. Additional bathroom facilities were available throughout the centre, including an assisted bath. There was adequate communal space and adequate dining space for all residents to comfortably eat their meals in the dining room. There was ready access to secure outdoor space with garden furniture for residents to sit outside in suitable weather conditions. There were records of the preventive maintenance of equipment such as beds, hoists and wheelchairs.

The premises and external gardens were very well maintained and ongoing improvements were taking place. Overall the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk

identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards. The risk policy had general clinical risks and these were updated to reflect the risks associated with COVID-19. The risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. They were subject to ongoing monitoring to ensure their effectiveness.

A risk assessment had been undertaken and the risk management policy was updated as part of the COVID-19 emergency plan. Risk assessments for the centre were updated and included high risk areas as indicated. The person in charge informed the inspector about their contingency planning, which was being maintained under constant review. Staffing arrangements had been risk assessed.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

The person in charge has frequent updates from within the Bons Secours group and the local CHO crisis management team regarding the ongoing COVID-19 pandemic. All staff have access to personal protective equipment and there was up to date guidance on the use of these available. Staff were advised and observed to be using in line with national guidance. The entrance to the centre and the room used by the inspector was observed to be very clean. An updated cleaning matrix was in place high use high touch areas are now cleaned three times daily and deep cleaning schedules have been enhanced. The person in charge had ensured adequate supplies of cleaning products were available and was availing and using all updated guidance in relation to cleaning materials. New procedures had been implemented in staff locker rooms to facilitate social distancing. Alginate bags were provided for staff uniforms.

Alcohol gel was observed to be available and hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE and were confident staff were trained and knowledgeable in the correct use of same. They had introduced a number of initiatives to support best practice in hygiene.

All residents and staff members had been swab-tested as a precaution in the previous weeks and swab results were back where all were negative.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents health care needs were met to a good standard through adequate nursing care and access to medical and specialist services. Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated. End of life care plans were in place which detailed residents wishes at end stage of life.

There was very low staff turnover. Staff were provided with information, and were knowledgeable on the typical and atypical presentation of the virus and staff were aware of the atypical presentation in the older population and there were clear processes in place of how to respond if a resident displayed signs of illness or deterioration.

Judgment: Compliant

### Regulation 6: Health care

Residents health care needs were met to a good standard through adequate nursing care and access to medical and specialist services. The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required. Residents were actively monitored by nursing and care staff for any changes in form that may indicate COVID-19 and residents temperatures taken at least twice daily. All new admissions were risk assessed and screened for signs of fever and respiratory infection.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider/person in charge had updated the behaviour support policy and this was reviewed by the inspector. Where required care plans were reviewed for residents and staff had identified additional supports that may be required. These included alternative communication arrangements with families, use of discrete zones so residents could access outside and the inspector observed a number of residents walking or enjoying the garden.

Plenty of information was made available for staff in the management of the resident with dementia if they became COVID positive and ensuring all their needs were met to prevent responsive behaviours.

Judgment: Compliant

### Regulation 8: Protection

Residents stated that they felt safe in the centre. There had been no allegations of abuse. Policies were in place for safeguarding vulnerable adults including information relating to restrictive practice. All staff had up-to-date training regarding protection of vulnerable adults. There was a bedrail assessment validated tool in use. There was continuing improvement regarding use of restraint and alternatives to restraint to promote better outcomes for residents. Bedrail usage was part of the quality improvement programme and bedrails usage had reduced from 40 at the time of the restrictive practice thematic inspection in July 2019, down to 20 at the time of this inspection. This was achieved by giving residents information and encouragement regarding bedrail usage; staff were supported on positive risk-taking and reflective practice to enable better outcomes for residents. New equipment such as ultra low beds and crash mats had been purchased since the previous inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' choices in respect of activities were respected and had been risk assessed with consideration of the more limited opportunities. There were dedicated activity staff members to undertake activities with the residents there. A number of activities were now centred on use of social media and communication with families. The one to one sessions had been increased and there was a rota in place for small group activities in order to comply with social distancing guidelines. The person in charge ensured that an activity schedule was maintained for residents to access if they wished. The schedule was reviewed by the inspector and daily small group activities were on offer in a number of the communal rooms in the centre with social distancing being observed.

Social distancing was in place in dining and day rooms and residents were regularly reminded of same. Where residents wished to relax in their rooms this was facilitated. The inspector observed this during the assessment.

The registered provider and person in charge did not ensure that residents are enabled to exercise choice and control over all aspects of their lives. Actions taken

by the registered provider and the person in charge of St. Joseph's Hospital to engage with and facilitate the movement of the residents in rooms 108, 208, 222, 307, and 423 to alternative accommodation in the designated centre did not support person centred care. In the absence of a decision of the chief inspector such action was not appropriate and should not have taken place. the chief inspector was looking for assurance that all due care and consultation was given to residents regarding decisions made about their home and the processes underpinning the application to vary.

Judgment: Not compliant

### Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. Many bedrooms were seen to be personalised with photographs and items residents brought in from home.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 12: Personal possessions	Compliant

# Compliance Plan for St Joseph's Hospital OSV-0000284

Inspection ID: MON-0029508

Date of inspection: 28/05/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Management always aim to respect residents rights &amp; each resident has a contract of care signed on admission that meets statutory requirements, however on this occasion we did not effectively demonstrate this or follow the correct procedure.</p> <p>The Chief Legal Officer and Company Secretary Bon Secours Health System CLG will provide training on the statutory responsibilities regarding contracts of care and resident’s rights to the registered provider and person in charge. Completion Date 31st July 2020</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:            Each resident /relative was communicated and consulted with individually and given choice regarding bedroom, however on this occasion this was not accurately documented or demonstrated, and residents should not have been facilitated to move rooms before communicating with HIQA.</p> <p>(1) The Chief Legal Officer and Company Secretary Bon Secours Health System CLG will review residents’ contracts of care of the people that moved from rooms 108, 208, 222, 307 and 423 and will, in consultation with the relevant residents and their advocates, confirm that the resident was not required by unit management to move rooms.</p>	

- 2) Upon such confirmation the registered provider and person in charge will revise the contracts of care to reflect the change of location.
- 3) The Statement of Purpose or Contract of care policy will be updated to include direction on process for the amendment of contracts should the need arise. Completion date 31st July 2020

The response from the registered provider did not adequately assure the office of the Chief Inspector that the actions taken will result in compliance with regulations.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Person centeredness is very important to us and we strive to ensure residents are enabled to exercise choice & control over all aspects of their life. On this occasion we understand that the movement of residents should not have taken place in the absence of a decision of the chief inspector.

- 1) See 1) under Regulation 24 above.
  - 2) The registered provider will organise advocacy education and easy read documentation for residents outlining their rights and reinforcing their rights to advocacy. 9(3)(a)
  - 3) The person in charge will identify a resource to provide training to staff on residents' rights. 9(1)(4)
- Completion Date 31st July 2020

The response from the registered provider did not adequately assure the office of the Chief Inspector that the actions taken will result in compliance with regulations.

## 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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Not Compliant	Orange	31/07/2020

	centre.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	31/07/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/07/2020
Regulation 9(4)	The person in charge shall make staff aware of the matters referred to in paragraph (1) as respects each resident in a designated centre.	Not Compliant	Orange	31/07/2020