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 Hospital
Name of provider:	Bon Secours Health System Limited
Address of centre:	Bon Secours Care Village, Mount Desert, Lee Road, Cork
Type of inspection:	Unannounced
Date of inspection:	28 January 2021
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0031792

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 103 residents. There is a large comfortable seating area and main 'Village Green' restaurant dining room at the main entrance. Communal areas include the Beech room which facilitates large functions, the large activities room and Chapel, and occasional resting areas along corridors for residents' relaxation. Bedrooms accommodation comprises five twin bedrooms and the remainder are single occupancy; all with full en suite facilities of shower, toilet and wash-hand basin, with additional toilet facilities throughout the centre. Accommodation is set out in four wings which are all connected: 1) Daffodil: 26 bedded unit with two living rooms and seating areas with direct access to the secure garden, and the Patel room dedicated private family room 2) Bluebell: 26 bedded unit with a living room and glass seating area 3) Lee View: 26 bedded unit with living room, two glass seating areas with direct access to the secure garden 4) Woodlands: 25 bedded unit with two living room. 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:	82

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 January 2021	10:00hrs to 17:00hrs	Mary O'Mahony	Lead
Thursday 28 January 2021	10:00hrs to 17:00hrs	Abin Joseph	Support

What residents told us and what inspectors observed

On the last inspection of November 2020 feedback from residents was that St Joseph's was a friendly and lovely place to stay. Residents said that staff facilitated a person centred care experience. Staff were said to be very kind and caring towards residents. As the centre was coping with an outbreak of the virus on this inspection there were limited opportunities to engage with residents on an individual basis. However, there was evidence that the care and support from staff was exceptional during the outbreak. Staff had worked increased hours to ensure that residents had good care and they were visibly upset by the deaths of a number of the frailer residents from COVID-19.

The inspection was unannounced. Inspectors followed the centre's infection control protocol for coming in to the centre during an active COVID-19 outbreak. This included hand sanitising, donning personal protective equipment (PPE) and recording temperatures. Inspectors were met by the deputy person in charge and the chief nurse of the Bon Secours group who informed inspectors that the person in charge was not in the centre. They provided a number of documents required for inspection. The chief nurse said she had been co-opted into the management team to provide clinical and supervisory support for the duration of the outbreak. Staff stated that they appreciated the management support and said that the Board of Management were at all times informed and supportive of the service.

In the afternoon the inspectors walked around part of the centre with the senior managers. Social distancing and infection control protocols were followed throughout. The central concourse and hallways contained spacious communal places such as the large dining room, the spacious foyer, seating alcoves, a nicely decorated church and a number of offices. The majority of the bedrooms in the centre were single occupancy with a small number of twin rooms. The inspectors saw that windows in the wide hallways were set very low to take advantage of the scenic views of the Lee Valley. Staff told the inspectors that residents liked to sit there during the day and that they often said that it felt like an outdoor experience to them, due to the amount of light and greenery outside.

Most areas were decorated with home like furniture such as quaint dressers, some of which contained memorabilia. Due to the COVID-19 outbreak residents were not using these areas as before and were cared for, at present, in pods in each of the four units. Nevertheless inspectors found that each unit had nicely furnished communal spaces where there was sufficient space for residents to circulate and sit alone or in groups when the outbreak subsides. The furnishings and fittings were of very high quality and this indicated that residents in the centre were held in very high esteem and respected.

There were easily accessible garden, courtyard areas available to residents, The courtyards were well maintained, very decorative with lovely seating areas and colourful plants. Staff said that residents loved to go out out there in the good

weather and that they had free access to these areas. Residents were described as missing the hairdresser, the big social occasion of attending the main dining room and the garden walks. On the previous inspection residents had spoken with inspectors about how all these elements had maintained their mental health during the time of restrictive visiting. Staff assured inspectors that as soon as the outbreak was resolved, and declared over by the public health team, residents would gradually return to garden walks and having their hair done weekly. At present residents were facilitated to maintain contact with the outside world through telephone calls, video calls and other technology. Staff said that some residents were now adept at video calls. Both relatives and visitors benefited from the visual contact as both parties were understandably anxious at this time and being able to see family members was very comforting.

Prior to the outbreak the centre had introduced two new visitor rooms that supported safer visiting. These rooms were divided by a full screen that allowed the resident to see their visitors while decreasing the risk of transmission. A microphone system was installed to enhance communication. Window visits were a daily event also and relatives were encouraged to send in small comfort items to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

St Joseph's Hospital was operated by the Bon Secours Health System Limited. It provided care for residents with different needs aged over 18 years. The designated centre formed part of the Bon Secours Care Village located on the scenic Lee road in Cork City. The governance structure of the centre included the board of management (BOM) and the chief executive officer (CEO) and his team. Additionally, in the centre itself the person in charge, the deputy person in charge, clinical nurse managers (CNMs) and the dementia-care specialist nurse led the care team which included, nurses, administration, housekeeping, maintenance , kitchen and care staff.

As this inspection was taking place during an outbreak of COVID-19 inspectors were mindful that this was a stressful and challenging time for staff and residents. Inspectors were supported throughout the inspection by the chief nurse of the Bon Secours group who had been seconded to the centre for the duration of the outbreak, the deputy person in charge and one of the CNMs. Inspectors acknowledged the increased workload created by the extensive outbreak among staff and residents. Management staff stated that they had an unwavering commitment to ensure the safety and well-being of residents, staff and relatives regarding the outbreak and the related stress and tiredness.

As this was a risk-based inspection, inspectors reviewed documentation related to COVID-19 preparedness, associated policies and protocols, training, meetings, medical care and infection control processes.

Similar to findings on the previous inspection inspectors found the the annual review for 2020 had not been fully actioned in relation to the need for increased clinical, observational assessments to ensure that the service was in line with the aims and objectives of the centre. On this inspection this resulted in the issuing of a number of urgent action plans under governance and management, medicine management and staff training and development.

Staff spoken with said that regular management meetings were facilitated. These included COVID-19 preparedness meetings, external meetings with the outbreak control team (OCT), board meetings, clinical meetings, staff meetings and health and safety meetings to ensure follow up on issues of concern and to provide a consistent service. Minutes of these meetings indicated that a wide range of issues were discussed and actions were agreed. Progress on actions from previous meetings was reviewed and the roles of each staff member responsible for taking the identified action were specified.

There was an annual schedule of audits in place for monitoring the quality and safety of care delivered to residents. There was a system of audit in place that included for example, medication management, care plans, infection prevention and control and the dining experience. Residents surveys, complaints and residents' concerns were discussed at clinical meetings and overseen by the person in charge. The regulatory incidents were notified to the Chief Inspector appropriately. Incidents and complaints were dealt with and recorded.

Residents and staff in whom COVID-19 had not been detected were tested on a weekly basis during the outbreak. The COVID-19 contingency plan, while detailed, was seen to require some updates in light of the changes brought about by the re-introduction of the level 5 restrictions, particularly as it related to visiting. The risk register was updated to reflect the risks presented by COVID-19 and the clinical deterioration of residents. An infection prevention and control (IPC) audit had been completed in recent weeks and a number of the actions highlighted had been addressed.

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters confirmed this. However, the roster was not completely accurate as one member of staff who was rostered as being on duty for the week had not been in the centre. Cleaning and laundry staff were provided through an external contract and a household supervisor from this service was in the centre to provide supervision. At the time of the inspection staff were allocated to work in cohorted teams to minimise cross infection risks. Staff facilities such as for dining were now located within each of the four sections (units).

A sample of staff files were reviewed. Two references were required to be in place for all staff as part of the Schedule 2 requirements. There was a lack of evidence

of the aforementioned clinical oversight however, as similar to previous inspection findings a reference had not been sought from the previous employer of a newly employed staff member. This indicated that recruitment was not sufficiently vigorous. Strong recruitment processes were one element of ensuring safety and protection for older adults. Nevertheless, inspectors found that there was a comprehensive induction programme in place for new staff. Inspectors were informed that there was an ongoing appraisal system in place. Sample appraisal forms and induction checklists were seen in the sample of staff files reviewed.

There was evidence that training was scheduled on an ongoing basis. The training matrix records and staff members confirmed that mandatory training was completed along with other relevant training such as, nutrition, PPE training and COVID-19 training. Staff were trained on dementia care and related behaviours by a specialist CNM. This training currently focused on the impact of COVID-19 on residents with dementia. Advice had been sought from a geriatrician for the management of one such resident. Staff stated that this training enabled them to provide enhanced care to these residents.

In summary, clinical oversight and staff supervision required improvement however, as inspectors found that there were common threads underlying each of the urgent action plans and that was, poor supervision of staff practices and audit of the effectiveness and understanding of training, especially medicine management and infection control training.

Regulation 14: Persons in charge

The person in charge had the required regulatory qualifications and experience set out for a person in charge of a designated centre. She had been in the post for 11 years and led an experienced care team.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to the size and layout of the centre and the assessed needs of residents in accordance with Regulation 5. There was an adequate number of nurses, health care assistants, housekeeping staff and administration staff available on the roster on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

An urgent action plan was issued to the provider under this regulation for the following reasons:

A number of non compliances in infection control practices were observed:

For example:

- Staff did not ensure that the external door was kept closed in one section where residents were in isolation.
- There was no signage on this external door to indicate that there was an outbreak in the unit. (This was required under the centre's own COVID-19 management plan).
- Key staff were seen to leave the unit (dressed in PPE) even though the policy was for staff to cohort within the unit while the virus was active.
- A mobile phone was seen to be used while the user was dressed in full personal protective equipment (PPE).

Additionally, staff supervision and comprehensive audit was required in the management of medicines as the relevant policies and professional guidelines were not followed in a sample of records seen.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors acknowledged the great efforts of staff, residents and relatives through the previous waves of the pandemic and during the outbreak. Each group were informed of, and trained in the health protection and surveillance centre guidelines (HPSC).

On the day of inspection, inspectors observed that the majority of staff were adhering to infection control guidelines.

Nothwithstanding the above an urgent action plan was issued to the provider under this regulation as a number of breaches of policy and protocol were seen which linked back to lack of supervision and follow-up.

In relation to the requirements of Regulation 23, Governance and Management the provider was asked to:

- provide assurance that a comprehensive management system would be put in place to ensure that the service provided was safe, consistent and effectively monitored

- that the system of clinical oversight would be improved to ensure effective and safe delivery of care
- that the lines of authority and responsibility were clearly set out
- that maintenance of this comprehensive management system was part of the active contingency planning for COVID-19 to include audit, delegation and supervision
- that staff would be appropriately supervised in the management of residents in isolation and made aware of their responsibilities in adhering to the guidelines in the centre; staff supervision required an increased emphasis due to lapses in areas already covered in training
- management staff were required to provide assurance to the Chief Inspector that staff understood the training, were retrained where applicable and were supervised in applying the training in their daily practice.
- ensure that staff files were maintained as required under Schedule 2 of the regulations by ensuring a reference was available from the previous employer and each curriculum vitae included precise dates of previous employments. This was also brought to the attention of management following the previous inspection: on that occasion inspectors found that the lack of clinical oversight on the verification of references and not acquiring the regulatory reference from a previous employer, had created a risk, which had not been addressed on this inspection.

In conclusion, inspectors found that there were a number of issues identified on this inspection which required urgent management attention to maintain and sustain best practice.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents which were set out under Schedule 4, part 7 (1) (a) to (f) of the regulations had been notified to the Chief Inspector within three working days as required, for example, an outbreak of infection, serious injury to a resident or the unexpected death of a resident. Inspectors reviewed documentation during the inspection and it was evident from that sample that relevant incidents had been notified to the Chief Inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were written policies and procedures available as required and listed under Schedule 5 of the regulations. The registered provider ensured that these

were made available to staff.

Inspectors found that relevant policies were updated in line with COVID-19 guidelines.

For example;

- Infection prevention and control policy
- Visiting Policy

Judgment: Compliant

Quality and safety

Throughout the inspection inspectors observed that the care and support given to residents was respectful. Staff were kind and those spoken with were familiar with residents' preferences and choices. There were understandable restrictions in place because of the outbreak in the centre. Staff said that residents understood these restrictions and a number of them were said to be improving and beginning to emerge back out into the living areas within each unit. A small number of residents were seen walking outside their bedrooms. These residents appeared to have recovered well and seemed happy when engaging with inspectors.

However, a number of concerns were found in relation to medicine management which resulted in an urgent action plan being issued in this key aspect of the quality and safety of care. Similar to the urgent action plans in the capacity and capability section of this report the failings in medicine management indicated that supervision of practice, meaningful audit and follow up on training sessions were not sufficiently robust, thereby creating a risk to the health and safety of residents.

In relation to care planning, inspectors found that staff were knowledgeable of residents' preferences and their care needs, when developing the individualised plans of care. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. A sample of care plans reviewed were found to be person-centered and relevant. They had been updated following four-monthly assessments and input from health care professionals and the general practitioners (GPs) was included. They were sufficiently detailed to guide staff in the delivery of best evidence based practice. Advanced care plans were in place for all residents and inspectors found that there had been discussions held in relation to care in the event of contracting COVID-19. Regular religious service was available on TV in each resident's room. Different religious preferences were respected and facilitated.

Inspectors were satisfied that the health care needs of residents were supported. There was evidence of good access to medical staff and regular reviews took place. Access to a range of health care professional was evident. Regular reviews by the

physiotherapist, occupational therapist (OT), podiatry, tissue viability (TVN), dietitian and the speech and language therapist (SALT) were documented. The CNM stated that these were carried out over the phone or by video link at present.

A number of staff were trained in COVID-19 swabbing procedures and two staff members were identified to lead the COVID-19 response. There was evidence of active monitoring of residents for signs of COVID-19 symptoms and recovery, according to staff spoken with, and according to documentation seen in individual care plans. Appropriate infection control procedures were in place and staff were generally observed to follow best practice in infection control. There were seven cleaning staff on duty during the inspection and this included a housekeeping supervisor who spoke with inspectors. At the time of inspection one room was seen to be undergoing a deep cleaning process which was explained by the supervisor. Housekeeping staff spoken with said that precautions were in place for infected laundry including the use of alginate bags and clinical waste was collected frequently.

Due to the COVID-19 pandemic the centre was currently closed to visitors in line with level 5 restrictions. There were clear notices displayed at the entrance regarding this. Nonetheless, arrangements were put in place to enable relatives to visit with residents for end of life and compassionate grounds. Window visits were also facilitated. For this reason communication with family members had been maintained which meant that residents felt less isolated at this difficult time. Staff were trained in the prevention and recognition of elder abuse and were aware of who to report concerns to. This was even more relevant during the restrictions as the absence of visitors meant that staff were relied on to be advocates for residents and address any concerns they may have.

Due to the extent of the outbreak of COVID-19 and the isolation of residents in their rooms inspectors did not have much opportunity to speak with them on this occasion. Those who were seen during the inspection were well dressed and looked well cared for. One person appeared very happy when mobilising with a walking aid and calling out to inspectors. Another resident was seen by inspectors walking around the main reception area. Staff spoke with this resident in a respectful and calm manner when she was being re-directed back to her unit.

The majority of residents currently dined in their rooms. Staff were seen to support those requiring help to eat. Meals were served from a kitchenette located within two units while the remaining residents had their meals delivered and served from hot trollies brought from the main kitchen. Fresh baking was seen on the day and the dinner smelled very appetising when being prepared.

There were three staff with responsibility for activities employed in the centre and a comprehensive activity programme had been set up. This had not been operating to its full extent at the time of this inspection as staff were dealing with the outbreak and supporting residents' medical needs. Nevertheless, one-to-one sessions were available for residents as an alternative to group sessions. Residents also had access to daily newspapers, telephone facilities, media and video links to facilitate them to

stay in contact with their families and keep up to date on the news.

Regulation 10: Communication difficulties

Residents were facilitated to use mobile phones to talk with family members. Electronic tablets were also available to facilitate video calls. Residents were kept up to date with news from the community by staff and by phone calls to relatives. Residents were updated daily about the virus and they each had a TV in their bedroom. Residents' meetings and information leaflets were available to residents. A pastoral visitor was accessible to all and the complaints process was on display for residents. One resident with behaviour associated with the effects of dementia had been seen by a geriatrician and medicines had been reviewed for the safety of the resident and others. An appropriate and empathetic care plan was in place to guide staff on supporting the identified communication needs.

Judgment: Compliant

Regulation 11: Visits

Inspectors found that the visiting protocol was in line with the current HPSC guidelines for level 5 restrictions. At the time of inspection compassionate visiting was facilitated if requested. Window visits were also encouraged. Inspectors were informed that staff were committed to ensuring residents and their families remained in contact by means of information technology, email and telephone calls as appropriate.

Relevant Health Services Executive (HSE) information notices were displayed at the entrance to the centre. This meant that residents were informed of changes to visiting and felt included in decision making.

Judgment: Compliant

Regulation 26: Risk management

The risk register had been updated to include the risks associated with the COVID-19 pandemic. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

In general a number of areas of good practice was identified. Staff were seen to follow hand-washing guidelines during the inspection. Hand sanitising gel was plentiful. Staff changed into their work uniform following arrival at work and donned a mask and appropriate PPE as advised. All staff had a change of uniform each day. Temperatures were checked on two occasions each day for staff and residents.

The COVID-19 contingency plan had been developed by the COVID-19 management group and the centre had liaised with the Health Services Executive (HSE), public health and infection control experts since the outbreak. Minutes of these internal and external meetings were available to inspectors.

A number of issues required attention as observed by inspectors in one section of the centre, for example:

- small clinical waste bins were not available outside each bedroom area to allow for doffing of a mask on exiting
- doors to the rooms of most residents who were identified as COVID-19 positive were open
- it was not clear to inspectors which residents had reached the 14 day post COVID-19 status as most of the bedroom doors still had risk signage in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that there were a number of serious issues of concern in relation to medicine management necessitating the issuing of an urgent action plan to the provider:

For example,

- staff had administered medicines without a prescription
- staff had transcribed a number of medicines: which was not allowed under the relevant policy in the centre which contained a notice to staff that staff were not to transcribe medicines
- a number of medicines which had been transcribed without authorisation were not transcribed correctly, not signed by the transcribers and did not state the route by which the medicine was to be administered
- the provider was asked to provide assurance that staff have personally undertaken and understood their training on medicine management.

The Chief Inspector required assurance through audit that this poor practice would be addressed and that staff would be subject to supervision and re-training.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

All residents had a written care plan and they were updated within the regulatory time frame. Inspectors viewed a number of residents' care plans during the inspection. Residents were assessed prior to admission and they had a comprehensive assessment following admission.

However, some care plans were not updated with recent changes in the care needs of the resident, for example, for those residents nearing end of life and care plans for those who had contracted COVID-19.

However, inspectors found that the daily narrative notes written by nursing staff were very informative. This was particularly useful and significant during the outbreak as agency staff or staff from another facility could read all the relevant information, on changes in clinical status and the care required, on one page.

The CNM stated that she would oversee the updating of all relevant care plans, in line with their usual practice before the outbreak.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had adequate access to medical services and they had regular pharmacy and general practitioner (GP) service. Medical notes were up to date and the GP visited the centre during the inspection. The centre also had access to a consultant geriatrician for residents. Inspectors found that other health care professionals such as, the physiotherapist, dietitian, chiropodist, speech and language therapist (SALT) and dentist had inputted information in residents files.

Staff explained that access to these services was limited at present due to the virus, even though referrals were continuing over the phone, thereby maintaining a holistic health care service for residents. Advice from these referrals was documented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff monitored the use of restraint, for example bed rails, to ensure that it was used in line with national policy. Documentation in relation to its use was documented.

In a small sample of care plans reviewed comprehensive and person-centred care plans were in place for the management of the behaviour and psychological symptoms of those residents with dementia (BPSD), which were based on expert nurse review.

Judgment: Compliant

Regulation 8: Protection

Staff working in the centre had received training in safeguarding vulnerable adults.

Documentation reviewed showed that concerns raised by residents were investigated by the person in charge. Performance management and staff appraisals formed part of the quality improvement system for staff.

Protection of residents was routinely discussed at staff meetings according to records seen.

Judgment: Compliant

Regulation 9: Residents' rights

Before the current outbreak of the virus residents had wonderful opportunities to participate in activities and recreation. Throughout this time of restrictive visiting, family contact was maintained through telephone, video calling and letters. It was evident that residents had been consulted about the public health measures in place. Minutes of residents' meetings indicated that staff members responded to the requests of residents, including improvements on meal times, decreased noise levels at night and addressing other actions identified on the last inspection.

Electronic tablets had been used to facilitate face to face communication. Pastoral visits had resumed and staff provided information on the local community and national events. Local children had sent in letters and drawings to cheer residents. A number of 'thank you' cards were seen which were very complimentary of the staff and the care available to residents.

Residents were well known to staff and staff were found to be very upset that a number of their residents had died due to COVID-19 in this phase. It was evident to inspectors that the lives of residents mattered to staff and residents' past experiences were recorded and used to inform care planning, including the activity programme.

The oratory was not in use by residents at the time of inspection, however mass was available by video and audio link. The ministers for each religious group were available to residents and visited them regularly to provide emotional and spiritual support.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Hospital OSV-0000284

Inspection ID: MON-0031792

Date of inspection: 28/01/2021

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	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
1) The Medicine Management Policy has been updated to include:
(a) Training requirements including evidence of completion of HSE Medicines Management Programme at HSELand;
(b) Completion of competency assessment on orientation and participation in medication audit;
(c) Medication management to be included in annual appraisal process; and
(d) Direction on transcribing of medication to be added to the Policy.
Completed.

2) The updated Medicine Management Policy has been issued to all clinical staff who have received training on same and have signed a confirmation that they have read and understood the terms of the Policy. Completed.

3) To ensure appropriate supervision, a monthly medication audit which will be led by a Clinical Nurse Manager (CNM) for their area of control has recommenced and all such audits will be supervised by the Person in Charge. Completed.

4) A comprehensive audit of the medication prescription sheets and the Medication Administration Record (MAR) has been completed. Completed.

5) With regard to infection control we engaged with the external cleaning company who have taken immediate corrective action and the following measures have been taken:
• The cleaning company staff member involved in the lapse of PPE Protocol has been retrained on infection control by the Cleaning Company Area Manager.
• All cleaning company staff have been reminded about the importance of adhering to the PPE Policy and their Site Manager has conducted spot checks and questioned staff on infection control protocols.
• The Site Manager will continue to be onsite on a fulltime basis to supervise infection

control practices of their staff. Completed.

6) As regards Care Village staff, the retraining of staff in Infection Control practices through a series of training sessions which were delivered by infection control specialists from Bon Secours Hospital Cork has been completed. Completed.

7) Staff supervision is the responsibility of the Clinical Nurse Managers (CNMs). On the day of your Inspection, two of the four of the CNMs were on sick leave. The Person in Charge has since met with the CNMs to reinforce the supervision of all staff with respect to infection control practices and this supervision now includes observational audits and just in time training. Completed.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1) The Assistant Director of Nursing (ADON) will for the period of leave of the Person in Charge deputise for and perform the duties and responsibilities of this role. Completed.

2) BSHS's Chief Nursing, Quality and Patient Safety Officer (Chief Nurse) has been onsite and provides additional support, governance and management oversight. The Chief Nurse has applied for registration as a Person Participating in Management. The Chief Nurse will continue ongoing liaison with Bon Secours hospitals and will obtain additional support from specialists in such areas as Infection Control, PPE, Quality & Risk as required. Completed.

3) The Person in Charge and the Management Team will continue the established Covid-19 update meetings with the Registered Provider Representative. Completed.

4) The Person in Charge will continue liaison with Public Health as required in managing the outbreak and act on best practice advice in this regard until such time as it is declared over. Completed.

5) The Bon Secours Group wide Coronavirus Response Team (CRT) which is a multi-disciplinary team whose membership includes Clinical Directors from all five Bon Secours Hospitals will continue to review the position in the Care Village at each of its meetings and the most up to date national guidance and best practice in responding to Covid-19. Completed.

6) The Person in Charge will ensure that staff files are maintained as required under Schedule 2 of the Regulations by ensuring a reference is available from the previous employer and each curriculum vitae includes dates of previous employments. A retrospective audit of the staff files of all clinical staff employed since January 2020 has

taken place and all files comply with the requirements of Schedule 2 of the Regulations and the HSE reference verification form has been introduced to demonstrate clinical oversight of this process. Completed.

7) The unit's Governance, Leadership and Direction Policy (BSCV-GM-091) is under review to further ensure and support that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. Completion Date: 22 March 2021.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1) A comprehensive review of all resident areas was conducted in conjunction with Public Health Infection Control Specialists. Completed.

2) Small clinical waste bins are now available outside each isolated bedroom area to allow for doffing of a mask on exiting. Completed.

3) Risk signage has been removed from bedroom doors once the resident has reached the 14 days post COVID-19 status. Completed.

4) With advice from Public Health Infection Control Specialists, there has been some movement of residents to ensure that a resident with a Not Detected result is cared for by a team not involved in the care of residents still within their 14 days isolation. Completed.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
1) The Medicine Management Policy has been updated to include:
(a) Training requirements including evidence of completion of HSE Medicines Management Programme at HSELand;
(b) Completion of competency assessment on orientation and participation in medication audit;
(c) Medication management to be included in annual appraisal process; and
(d) Direction on transcribing of medication to be added to the Policy.

Completed.

2) The updated Medicine Management Policy has been issued to all clinical staff who have received training on same and have signed a confirmation that they have read and understood the terms of the Policy. Completed.

3) To ensure appropriate supervision, a monthly medication audit which will be led by a Clinical Nurse Manager (CNM) for their area of control has recommenced and all such audits will be supervised by the Person in Charge. Completed.

4) A comprehensive audit of the medication prescription sheets and the Medication Administration Record (MAR) has been completed. Completed.

5) A comprehensive review of the medication management system was undertaken in conjunction with the GP and Pharmacist who provide clinical oversight for residents. Completed.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1) All CNMs have now returned to work and they are overseeing the updating of all relevant care plans, in line with their usual practice before the outbreak. Every care plan has been allocated to a designated nurse. End of life and COVID-19 residents care plans have been updated. Completed.

2) The timely updating of care plans will be included as a Key Performance Indicator for the Care Village. It will therefore be reportable to the management team on a quarterly basis. Completed.

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.	Not Compliant	Red	18/02/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	04/02/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	22/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Red	04/02/2021

	provided is safe, appropriate, consistent and effectively monitored.			
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	18/02/2021
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 any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Red	04/02/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	28/02/2021

	consultation with the resident concerned and where appropriate that resident's family.			