



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

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:	Announced
Date of inspection:	29 March 2018
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0021439

## About the designated centre

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

St Joseph's Hospital is a purpose-built residential centre caring for the needs of 67 residents. The dining room, administrative offices, hairdressing room, sitting rooms, chapel and activities rooms are easily accessible for residents. The centre has 57 single bedrooms and five double bedrooms registered with HIQA. All bedrooms in the centre have en-suite facilities and there are two assisted baths in the centre. The person in charge is supported in her role by an assistant person in charge. There is sufficient staff and a suitable skill-mix on duty to meet the needs of residents, including 24-hour nursing care. There are two clinical nurse managers (CMNs) on duty from Monday to Friday. In addition, one CNM works in the centre each weekend. The person in charge and the assistant person in charge are available in the centre five days a week. Residents' care need are met by access to the general practitioner (GP), allied health professionals and the pharmacist.

Sitting rooms are decorated in a 'reminiscence' style which creates a comfortable and homely atmosphere for residents and their visitors. All bedrooms have large wardrobes, bed-side lockers and a comfortable bed-side chair. Suitable assistive equipment and supports are in place for residents' assessed needs. Call-bells and over-bed lights are located in all bedrooms. There are a range of interesting activities available to residents and mass is said daily, in the spacious chapel. The bedroom areas are laid out in six corridor areas. These are interconnected by large central hallways and nurse stations. The hallways are decorated with interesting items of furniture and memorabilia for residents' enjoyment. There is good, suitable signage in the centre which is used to aid residents' orientation. Residents are encouraged to bring in small items of personal furniture, such as flower pots and plants, duvet covers, books, pictures and ornaments. Residents are facilitated to be involved in care planning and residents' meetings are held on a regular basis.

Plans are in place to extend the centre to accommodate 97 residents. All residents will now be offered well equipped, spacious, single rooms. New, more extensive gardens, raised flower beds, and a larger dining room are among some of new, additional, improvements designed to support the expansion.

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

Current registration end date:	05/04/2021
Number of residents on the date of inspection:	67



## How we inspect

To prepare for this inspection the inspector or 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
29 March 2018	08:30hrs to 18:00hrs	Mary O'Mahony	Lead

## Views of people who use the service

Inspectors spoke with a number of residents in each unit and also met residents in the dining room, activity room and sitting rooms. Residents who met with inspectors spoke about their positive experience of living at the centre. Residents praised the quality of care and communication with all grades of staff. They said that they had adequate choice around how they spent their day: for example, meal choice, what time they got up or went to bed and whether they would participate in the activities provided, or retire to their room. The majority of residents had single room accommodation which residents said was a great advantage when visitors arrived or when they wished to have private time. Residents stated that the location of the centre was lovely as it afforded views over the Lee valley and the building was set in a well maintained green field site. There were numerous exit doors providing independent access to residents and they were seen walking outside enjoying the rare sunshine on the day of the inspection.

At the time of inspection an extension of the building was underway and residents said that the impact of this work on their daily lives had been minimised, by careful management and excellent consultation. The bedrooms will all be single rooms, which was a response to residents' choice, needs and stated preferences. Residents and relatives had been invited to regular meetings and minutes of these were reviewed by inspectors. Satisfaction questionnaires had been completed prior to the inspection and the comments on these reflected the verbal feedback given to inspectors.

## Capacity and capability

There were effective management systems in this centre which ensured that good quality care was delivered. There were clear lines of accountability and authority in place with an appropriately qualified person in charge, who was responsible for the overview of care. The person in charge was supported by a nursing and healthcare team, as well as administrative staff. The service was very well resourced with staffing levels in line with those described in the Statement of Purpose. The centre was now adding 30 more single en-suite bedrooms which were under construction at the time of this inspection, Plans were advanced for these works and the proposed completion date was July 2018. Staffing levels and staff recruitment plans were available for review and residents had been informed of the proposed changes. Incident recording and investigation processes included an assessment of each event. Documentation seen by inspectors indicated that each event had led

to change in practice, if required, and staff had been informed of any new process. This proactive response to events was reflected in positive findings under the Quality and Safety dimension of this report.

A comprehensive annual quality review had been completed, reflecting the requirements of the regulations and national standards. Quality management measures such as reviews and audits were in place to demonstrate that the service provided was safe and effective. Initiatives were outlined in areas for quality improvement such as, increased staff training and communication strategies. There was evidence that the quality of care was continuously monitored as audits had been undertaken in areas such as falls, the use of restraint and the use of psychotropic medicine. Reporting systems were in place to notify key events to HIQA in accordance with regulatory requirements.

Residents were made aware of the facilities and services available and the centre provided a comprehensive guide that included information on residents' rights and the complaints process. Residents were provided with contracts on admission to the centre which reflected these arrangements. However, all contracts did not specify the required regulatory details. Nevertheless, the person in charge showed the new contract design to inspectors which contained the additional information.

Appropriate resourcing arrangements were in place, as evidenced by a review of staff training records and rosters, which showed that staffing levels were appropriate for residents' needs. Staff meetings and handover reports ensured that information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles, for example, the management of responsive behaviour, infection control and medication management. Inspectors spoke with staff members who were knowledgeable of the training they had received and the supporting policies. They were found to be competent to deliver care to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Supervision was implemented through monitoring procedures such as audits, appraisals and handover reports. While a large group of staff had been provided with updated knowledge and skills in managing the behaviour and psychological symptoms of dementia (BPSD) a number of staff had yet to receive this mandatory training. This was scheduled however, and staff had the support of an in-house nurse specialist in this area of care. Therefore, each relevant event was subject to review, discussion and the development of appropriate, individualised strategies.

Good systems of information governance were in place. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire safety equipment. Records and documentation as required by Schedule 2, 3 and 4 of the Regulations were securely stored, well maintained and easily retrievable. Residents' records such as care plans, assessments, medical notes and nursing records were detailed and relevant.

A sample of staff files was reviewed. Files were found to contain all the necessary documentation including the required An Garda Síochána vetting (GV) clearance. The person in charge confirmed that all staff had this clearance in place prior to taking

up employment in the centre. Volunteer files included a description of the volunteer's role and responsibilities and GV clearance certification. Policies on staff recruitment and training supported robust staff recruitment, including a supervised probationary period.

#### Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations and was aware of the responsibilities of her role.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels were appropriate to the number and the needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were afforded a wide range of mandatory and appropriate training.

Judgment: Compliant

#### Regulation 21: Records

The records required by the regulations were maintained and available for review.

Judgment: Compliant

#### Regulation 22: Insurance

The centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The system of governance and management was effective and ensured that safe, appropriate care was delivered and monitored.

Judgment: Compliant

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

Additional information, for example the room and type of room assigned to each resident, was required to be added to all contracts.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The Statement of Purpose was updated on a yearly basis and contained all the required information.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers' files were appropriately maintained.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications were submitted in accordance with the requirements of regulations.

Judgment: Compliant

### Regulation 32: Notification of absence

There was an appropriate qualified and experienced person available to manage the centre in the absence of the person in charge. The provider was aware of the obligation to inform HIQA when the person in charge was absent for specified periods of time.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were addressed and the satisfaction, or not, of each complainant was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were updated and centre-specific.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and comfortable accommodation. The majority of bedrooms were single, en-suite rooms with appropriate storage facilities, including a large wardrobe and personal locker with a lockable space for valuables. Bedrooms and communal rooms had good natural light and many rooms and hallways overlooked the local river valley. Room decor and contents were personalised and residents spoken with were glad to have space to store treasured, personal items in their rooms. All rooms were equipped with TV, radio, phone facilities and a clock for orientation purposes.

Person-centred care was demonstrated by management and staff who ensured that residents were supported in recreation, interaction and exercise. Residents were

facilitated to engage in activities outside the centre, including home visits and independent access to community events and facilities. Information was recorded daily in relation to residents' social care needs. Residents were seen to be engaged in activities over the course of the inspection including art class, reminiscence, mass and music. Residents were also seen to spend periods of time in their bedrooms as well as in the communal sitting areas, watching TV, with visitors or listening to the radio. Staff informed inspectors that residents liked to sit by the window in the hallway. They said that this preference had been taken into account when planning the renovations and a balcony area was planned for this location, to provide space for more residents to sit and relax. The sisters of the Bon Secours were involved with residents on a daily basis and supported the social and spiritual needs of residents. Along with volunteers, the sisters were available for prayer, chats, activities and daily mass in the newly extended chapel. Residents appeared to live active, busy lives in the centre with personal choice and independence being supported. Staff were seen to encourage residents to, go out with family members, to engage in exercise and activities appropriate to their abilities and assessed needs. Residents looked happy and relaxed when engaging with staff and inspectors observed a respectful and calm approach by staff when communicating with residents.

Inspectors found that residents' healthcare and nursing needs including care at end of life, were met to a high standard. Care plans were individualised and staff spoken with had a well-informed knowledge and understanding of the needs of individual residents. Appropriate resources were available to meet the diverse needs of residents. General practitioners (GPs) attended the centre regularly. Allied health services, such as physiotherapy, palliative care specialists and speech and language therapy (SALT), were accessible, as necessary. Clinical assessments took place using evidence-based tools, such as the MUST (Malnutrition Universal Risk Management) tool, and care plans were reviewed when any change was indicated. However, records in one care plan, relating to a specific event, were difficult to retrieve and evaluate. These records were maintained on a computerised system and the system had not been sufficiently or regularly updated to assist location of relevant documents, whether on the system or in written form.

Residents' feedback was also sought through questionnaires, a number of which were viewed by inspectors. These were seen to contain positive comments. Contact information for an independent advocate was displayed in the centre. The advocate consulted with residents on an individual basis according to a sample of documentation seen. Residents' meetings were facilitated and minutes of these meetings indicated that residents had adequate opportunities to provide feedback on areas such as activities, building works and meals. Surveys were also carried out by the external company which provided the catering service. This service was complimented by staff and residents alike and inspectors saw that visitors were welcomed to join with relatives at mealtimes.

Medicine management audits were undertaken and the use of psychotropic medicines was monitored. The CNM confirmed that arrangements were in place in relation to accessing pharmacy services. Relevant training was provided in medicine management for the nursing staff. Inspectors reviewed documentation in relation to

medication errors and found that these were addressed and appropriately recorded. Learning from any incident was disseminated to all staff which encouraged good practice and minimised repetition of errors.

Risks to residents, staff and relatives were updated and reviewed and policies and procedures relating to risk management and health and safety were seen to be specific to the centre and up-to-date. There was an emergency plan in place and a personal evacuation plan (PEEPs) had been developed for each resident. Daily, weekly, three-monthly and other required checks of the fire safety system were carried out, including checks of the emergency lighting, fire-safe doors and fire extinguishers. Call-bells were fitted in all rooms. Emergency exits were clearly identified and unobstructed.

Staff were seen to implement good infection control practice in relation to cleaning routines, the use of hand-sanitisers and the wearing of personal protective equipment. The centre was very clean and residents and relatives were very complimentary of the work undertaken by the household staff. Consequently, there was a low incidence of infection and where an outbreak of infection had occurred it had been well controlled due to the cleaning regime and staff training.

There was a culture in the centre that promoted the safeguarding of residents which was supported by appropriate policies on the prevention, detection and response to abuse. A member of the management team was qualified to provide safeguarding training and staff spoken with were clear in their understanding of the procedure for reporting concerns. Residents spoken with stated that they felt safe in the centre due to the kindness of staff. Residents' financial records were appropriately managed. Receipts were maintained for all financial transactions. The centre actively promoted residents' independence and where restraints, such as bed-rails, were required appropriate risk assessments had been undertaken. A restraint register was in place which indicated that regular monitoring of residents' well-being was undertaken, whenever bed-rails were in use.

## Regulation 11: Visits

Visiting hours were unrestricted and visitors were encouraged.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had access to personal items and space to retain these in their

possession. There was a locked facility for valuables in each bedroom.

Judgment: Compliant

### Regulation 17: Premises

The premises was under renovation at the time of the inspection with the bedroom accommodation increasing to 97 single bedrooms.

Decor, furniture and fittings were of very high quality.

The dining room, sitting areas, gardens, chapel and hallways were extended appropriately to accommodate the proposed increased resident numbers.

Judgment: Compliant

### Regulation 20: Information for residents

A newsletter was available to residents. The resident's guide was comprehensive. Notice boards were updated daily. There was a video display of the planned renovations available in the hallway and the architect and builder provided residents with regular updates. Residents meetings were held frequently and survey results were positive about care, food and communication with staff.

Judgment: Compliant

### Regulation 26: Risk management

All risks were assessed and appropriate controls were put in place. The Health and Safety statement was up-to-date and health and safety meetings were held to discussed on-going or new risks.

Judgment: Compliant

### Regulation 27: Infection control

All infection control procedures were followed.

Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Fire safety arrangements were compliant with the regulations and with relevant fire safety recommendations. Fire safety training and fire drills were documented.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Medicine management was safe and well monitored. Medicines were reviewed at appropriate intervals by the GP and pharmacist.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
Records in one care plan relating to a specific event were difficult to retrieve and evaluate.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Residents' healthcare needs were met by daily GP access and allied health provision such as physiotherapy, speech and language therapy, dental, optical and podiatry support.
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>
A small number of staff had yet to undertake training in this area. Records were not

available to indicate that all staff had received this training.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
Staff training in the prevention of elder abuse was up-to-date and policies were revised and relevant. Financial affairs were managed in a transparent manner.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Independence, choice and holistic care was supported in the centre. Communication was effective and advocacy services were readily available.
Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0021439

Date of inspection: 29/03/2018

## 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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract of Care was revised in 2017. This contract is used for all new admissions. IT includes 1. Admission to a single/ double occupancy room. 2. Itemised remuneration for additional services provided.</p> <p>All residents admitted prior to 2017 revised contract of care will be furnished with an itemized remuneration for additional services provided by St. Josephs Hospital.</p> <p><b>31 May 2018</b></p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>This was investigated and the required information was in place electronically and in hard copy. The issue identified was with the writing of the IT programme which caused the document to be un retrievable.</p> <p>This problem was rectified with the owners of the IT Programme .</p> <p>It will be resolved with next update by <b>31 May 2018</b></p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>A programme is in place to ensure all staff receives training on Managing Behaviours that challenge.</p> <p>This will be completed by 30 June 2018</p>	

### 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 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 centre.	Substantially Compliant	Yellow	<b>31 May 2018</b>
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 consultation with	Substantially Compliant	Yellow	<b>31 May 2018</b>

	the resident concerned and where appropriate that resident's family.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30 June 2018