



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Nazareth Care Ireland
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 February 2024
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0041540

## About the designated centre

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

St. Joseph's Home is a purpose-built home, designed for older people a short distance from Killorglin town in County Kerry. The centre provides 24-hour nursing care for up to 48 residents with varied levels of dependency to adults over sixty-five years of age from low/medium to maximum dependencies. The range of nursing care provided for each resident is assessed on an individual basis. The aim of St. Joseph's Home is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents. Bedroom accommodation consists of 30 single bedrooms and 9 twin bedrooms, all with en-suite facilities. The layout of St. Joseph's Home allows ample space for mobilization, indoors and outdoors with a variety of communal spaces available.

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

Number of residents on the date of inspection:	48
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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 8 February 2024	08:30hrs to 17:40hrs	Ella Ferriter	Lead
Thursday 8 February 2024	08:30hrs to 17:40hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Based on the observations of the inspectors and discussions with residents, St Joseph's Home was a nice place to live. Residents were supported to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities. The inspectors met with all residents living in the centre and spoke with twelve residents in more detail, to gain an insight into their experience of living in the centre and their quality of life. Residents told inspectors that they were happy and that they were cared for by excellent, kind staff who always respected their opinions and choices.

St Joseph's Home provides long term care for both male and female adults with a range of dependencies and needs. It is situated on the outskirts of Killorglan town, County Kerry and is registered to provide care for 48 residents. There were 45 residents living in the centre on the day of this inspection. The centre is situated on a large site surrounded by farmland. The river Laune runs adjacent to the centre and could be heard and viewed from some of the bedroom windows. At the main entrance to the centre there is a large, bright and welcoming foyer with comfortable seating and nice decor on the walls. There was also information seen to be on display for residents and visitors in this area. The centres receptionist was situated in this area. It was evident they were well known to residents, staff and visitors as many were seen to stop for a chat during the day.

St Joseph's Home is divided into three units called St. Mary's, St. Patrick's and St. Brigid's. Bedroom accommodation consists of 30 single bedrooms and nine twin bedrooms, all with en-suite facilities. The inspectors saw that the premises and grounds were maintained to a high standard and nicely decorated and there was a full time maintenance person employed. Sitting rooms were seen to be well maintained and each had a fireplace, which was the focal point in each of these rooms. Communal areas and residents' bedrooms were clean, tidy and were personal to the resident, and were decorated with family photographs, art pieces and personal belongings. Equipment viewed was also clean and well maintained. The entrances to some of the communal spaces such as the dining room and the hairdressing room had been decorated to depict traditional shop frontages, which were colourful and bright.

The ancillary facilities supported effective infection prevention and control. These areas inspectors saw were well-ventilated, clean and tidy. The infrastructure of the on site laundry supported the functional separation of the clean and dirty phases of the laundering process. There were two dedicated treatment rooms for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and two sluice rooms for the reprocessing of bedpans,

urinals and commodes. However, there was no janitorial sink within the housekeeping room and inspectors were informed that mop buckets were filled within sluice rooms. Details of areas required to be addressed pertaining to infection control are set out under regulation 27.

Inspectors saw conveniently located alcohol-based product dispensers along corridors which facilitated staff compliance with hand hygiene requirements. Clinical hand wash sinks were accessible and located on the corridors within close proximity of resident bedrooms, in sluice rooms and treatment rooms so that they were convenient for use.

Residents were observed to be content and relaxed throughout the day in a variety of communal areas around the centre. The inspectors saw that residents' choice was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. Staff facilitated residents requests for breakfast at a time of their choosing. It was evident, from discussions with staff that they knew residents well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content throughout the day. Residents were observed to be nicely dressed and groomed and one residents told the inspectors that they were assisted by staff to pick out their clothes and jewellery every morning.

Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection and staff were observed to take time and sit down with residents for a chat. Residents had a choice to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week. On the day of the inspection there were two staff members providing a social programme for residents. They did some reminiscence therapy, games and an exercise class. Mass was offered every day in a large chapel located within the centre, which was very popular and a large cohort of residents attended.

When asked about the quality of food and the food choices all residents who spoke with the inspectors said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. The meal time experience appeared very relaxed and staff were observed discreetly assisting residents. Tables were seen to be laid out with table cloths, menus, cutlery and condiments, for the residents to access easily. Each dining room had music playing while residents dined. The inspectors observed staff offering drinks to residents at frequent intervals throughout the day.

Residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces. Five visitors who spoke with inspectors were happy with the arrangements in place to see their relatives and praised the care their loved one received.

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

## Capacity and capability

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Findings of this inspection were that residents living in St Joseph's Home received a good standard of healthcare and residents were supported to live a good life. However, significant action was required to ensure clear and effective oversight of the service and to address specifically fire precautions and care planning. This inspection also had a specific focus on the providers compliance with infection prevention and control, which was assessed by an inspector working specifically in this area.

There was change of the registered provider of St Josephs Home, since the previous inspection of this centre. Nazareth Care Ireland had applied for and been granted registration to operate the centre by the Chief Inspector. This company consists of board of nine directors and they are involved in operating several other designated centres in Ireland. The centre benefits from access to and support from centralised departments such as human resources, information technology, finance and a Chief Nursing Officer. Nazareth Care Ireland had been participating in the management of the centre for a number of years, however, since September 2023, the company now had the complete legal responsibility for operating St Joseph's Home as a designated centre for older people.

From a clinical perspective care within the centre is directed by a suitably qualified person in charge, who worked full-time and demonstrated a clear understanding of their role and responsibility. They reported to the Chief Executive Officer (CEO) of Nazareth Care Ireland. The person in charge informed inspectors that the CEO was available for consultation and support on a daily basis. Weekly meetings with the management teams of all the Nazareth group centres took place. Inspectors saw that topics such risk, infection control, staffing and incidents were discussed and there was evidence of shared learning between centres.

This inspection found that although there was a clearly defined management structure in place, which identified the lines of authority and accountability, there was a gap in this management structure. This was due to the absence of the clinical nurse manager (CNM) for the previous five months. This person deputised in the absence of the person in charge and had responsibilities such as supervision of staff and monitoring of the service. Inspectors found that this management structure required review and strengthening, to ensure the roles and responsibilities of the CNM were delegated and arrangements in place were robust enough to operate if the person in charge was to be absent. This is actioned under regulation 23.

The centre had a schedule of audits which included care planning, infection prevention and control and medication management. However, inspectors found that findings of recent audits did not align with the findings on this inspection.

Management systems in place to ensure there was adequate oversight of fire safety in the centre were found to require strengthening. An urgent action plan was issued to the provider following this inspection, to address fire work required to fire doors in the centre. The registered provider actively engaged in this process. Details of these findings are set out under regulation 23 and 28 of this report.

The person in charge was supported in their role by a team of nursing staff, care staff, housekeeping, activities, catering and maintenance personnel. An administrator and accountant were also employed in the centre. On the day of inspection there were sufficient numbers of staff on duty to attend to the needs of residents and when considering the size and layout of the building. The person in charge confirmed that staffing levels were kept under review and were informed via monitoring of residents dependency needs and occupancy levels. The provider had nominated a nurse manager to the role of infection prevention and control lead and link practitioner. This was to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This person was scheduled to attend required link practitioner training in March 2024.

There were good communication systems in place in the centre which included daily shift handover meetings and safety pauses to discuss and communicate residents' needs. In addition, there were regular staff meetings. Inspectors were provided with Schedule 5 policies and procedures and found that they had been updated at intervals not exceeding three years, as required by the regulations. Efforts to integrate Schedule 5 policies and procedures into practice were underpinned by mandatory education and training. An extensive suite of mandatory training was available to all staff in the centre and staff were up to date with training.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint. This reflected the changes to the legislation of March, 2023. However, complaints were not always recorded in line with regulatory requirements, which is actioned under regulation 34. Incidents were recorded electronically and there was good oversight of these by the person in charge. All had been notified to the Chief Inspector, as per regulatory requirements.

The inspectors viewed a sample of signed contracts of care. The type of accommodation for example a single or double occupancy room was stated, along with any additional fees for services which the resident was not entitled to under any other health entitlement. However, the detail pertaining to the weekly fee was not clear and required further detail, as actioned under regulation 24.

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 on the quality and safety of the service being delivered.

## Regulation 14: Persons in charge



The person in charge was a registered nurse and worked full-time in the centre. They had the required experience and knowledge in care of the older adult and in management, to fulfill the requirements of the role. They were responsible for the day to day running of the service and were well known to residents, staff and visitors.

Judgment: Compliant

### Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There were two registered nurses on duty day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in safeguarding, infection control, fire, dementia awareness and managing behaviour that is challenging. There was evidence that new staff were appropriately inducted to their respective roles, as per the centres policy.

Judgment: Compliant

### Regulation 21: Records

All records requested were provided to the inspectors and were well maintained. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspectors. Records were stored securely.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as per the requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems as required under Regulation 23(c) were not sufficiently robust to ensure the service provided was safe, appropriate, consistent and effectively monitored, specifically;

- inspectors were not assured that there was adequate oversight of fire safety precautions in the centre. Although the registered provider had carried out a risk assessment of all fire doors in the centre in November, 2023, arrangements had not been put in place to action the findings. This included the repair of numerous doors in the centre. An urgent action plan was issued to the provider to address this finding. Assurances were received in the days following inspection that all fire doors would be addressed and completed in the following two weeks.
- audit tools lacked detail and audits were not scored, tracked and trended to monitor progress. For example, some elements of standard infection control precautions including sharps safety, waste and laundry management were not routinely audited. Disparities between the finding of local audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to monitor quality and safety of the service. While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- inspectors were not assured that there was oversight of the care planning process. This is further detailed under regulation 5.
- the management systems in place to recognise and respond to complaints did not ensure that complaints and concerns were acted upon in a timely, supportive and effective manner.
- a residents survey carried out two month prior to this inspection to monitor their views of the service, however, this had not been analysed and actioned to ensure residents feedback was acted on.

Current governance arrangements required review and improvement, as it was found:

- the management structure detailed in the centres statement of purpose named the CNM as the person deputising in the absence of the person in charge. However, this person had not been available to the centre for a number of months. On review of arrangements in place inspectors found

arrangements in place to support the person in charge, were not clearly defined or robust.

Judgment: Not compliant

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

The provider charges an additional weekly service charge. Included in this fee as per the contract of care was routine therapies. However, this was ambiguous and required to be clarified to ensure that residents were clear on what specific therapies would be included in the fee.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider has prepared a statement of purpose in writing relating to the centre and it contained all information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the complaints log in the centre found that complaints were not consistently managed in line with the requirements under regulation 34. This was evidenced by;

- inspectors received information consistent with a complaint, prior to the inspection. While this had been brought to the attention of the management the complaint was not documented within the complaints register or

- managed or in line with the centre's own complaints policy. Therefore, inspectors were not assured that this was appropriately investigated.
- there was not always evidence that complainants were informed of the outcome of their complaint and details of the appeals process, as per the requirements of the regulation.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place.

Judgment: Compliant

#### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in St. Joseph's Home and they had access to appropriate social activities and to good quality healthcare. Residents spoke positively about the care they received and told inspectors they felt safe in the centre. Notwithstanding the positive findings action was required with regards to fire precautions, infection control and care planning. These will be further detailed under the relevant regulations.

Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Residents' records showed that comprehensive pre-admission assessment was carried out for each resident. Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. However, significant action was required to ensure that all residents residing in the centre had care plans in place within 48 hrs of admission and they were updated as per regulatory requirements. Details of issues identified are set out under regulation 5.

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. Residents could receive visitors in their bedrooms where appropriate, in the the centres communal areas or outside

areas. Visitors said that they could visit at any time and there was no booking system for visiting.

Inspectors identified some examples of good practice in the prevention and control of infection. Infection prevention and control information and reminders were displayed on designated notice boards within the nursing offices. There were three cleaning staff on duty daily, one allocated to each unit within the centre. These staff members were knowledgeable about cleaning practices, processes and chemical use. However, number of practices were also identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the implementation of standard infection control precautions including waste and equipment management. Findings in this regard are presented under regulation 27.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to the Chief Inspector found that outbreaks were managed, controlled and documented in a timely manner. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

There were systems in place for the effective maintenance of the fire detection and alarm system and the centres emergency lighting. Residents had personal emergency evacuation plans (PEEPs) in place and these were updated regularly. These identified the different evacuation methods applicable to individual residents for day and night evacuations. As mentioned earlier in this report inspectors were not assured that the registered provider had taken all precautions against the risk of fire, specifically the maintenance of fire doors. Although evacuation drills were taking place frequently there was not evidence that drills of the largest compartment was practiced, to ensure residents could be evacuated safely, at a time when staffing levels were at the lowest. These findings are actioned under Regulation 28, Fire Precautions.

The inspectors observed staff engaging with residents who exhibited behavioral and psychological symptoms of dementia. Engagement was respectful and non-restrictive. There was a focus on reducing restrictive practice in the centre and promoting a restraint free environment. Where bed rails were used there were supporting risk assessments and consent obtained. Alternatives were trailed such as low beds and safety mats prior to using bed rails.

Residents had access to advocacy services and were regularly consulted in relation to the running of the centre. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities.

## Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in their bedrooms or in the communal spaces.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure that they were safely returned from the laundry and residents expressed satisfaction with this service.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had arrangements in place to ensure that the premises was maintained to a high standard both internally and externally and it was found to be appropriate to the number and needs of the residents. The premises overall conformed to the matters set out in Schedule 6 of the Health Act Regulations 2013.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents weights were monitored appropriately and screened using a validated assessment tool, for risk of malnutrition. Records reviewed evidenced that residents were reviewed by speech and language therapists and dietitians as required. Residents were provided with nutritious home cooked meals and there was choice of menu at all mealtimes. The inspectors observed the lunch time meal and it was evident that there were enough staff available to supervise and assist residents who required additional support.

Judgment: Compliant

### Regulation 27: Infection control

Standard infection control precautions was generally implemented in a way that minimised the risk of transmitting a healthcare-associated infection, however, further action is required to be fully compliant. This was evidenced by;

- a dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Staff informed inspectors that if samples required refrigeration they would be stored within the a medication fridge. This posed a risk of cross-contamination.
- inspectors were informed that resident's wash-water was emptied into the sinks in residents en suite bathrooms. This practice should cease as this will increase the risk of environmental contamination and cross infection.
- staff informed inspectors that they manually decanted the contents of commodes/ bedpans into the sluice prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- the detergent in both bedpan washers had expired. This may impact the efficacy of decontamination.
- there was no janitorial unit within the housekeeping room. Cleaning trolleys were stored and prepared within the laundry. This posed a risk of cross contamination.
- waste was not segregated in line with best practice guidelines. General waste was disposed of in healthcare risk waste bins in treatment rooms and in one sluice room.
- the oversight of antibiotic use required further monitoring, as actioned under regulation 23.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents from the risk of fire and to bring the centre into compliance with Regulation 28: Fire Precautions, as follows;

- as mentioned in the Capacity and Capability section of this report an urgent action was issued to the registered provider to provide the Chief Inspector with assurances regarding residents' safety in the event of a fire in the centre. This related to specifically the repair of numerous fire doors in the centre, which may compromise containment measures in the event of a fire. The provider had all fire doors assessed in November 2023 by a fire professional. The report reviewed recommended repair of over half of the existing doors. However, this work had not been completed and there was no time bound action plan for the completion of this work provided on the day of this inspection. The registered provider engaged with the Office of the Chief Inspector following the inspection and submitted a plan to address all doors which was accepted.

- although fire drills were being undertaken the inspector was not assured from these drill records that the centres largest compartment, could be evacuated in a timely manner, when staffing levels were at there lowest. The provider is required to regularly undertake these drills with all staff to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- a resident who was residing in the centre for three weeks did not have a care plan in place to ensure their health, personal and social care needs were recorded and communicated to all staff caring for the resident. This is a requirement of the regulation.
- a comprehensive nursing care plan not been completed for two residents within 48 hours of admission to the designated centre. This is a regulatory requirements and inspectors were not assured that there was sufficient oversight process on admission.
- several re-assessments and formal reviews were not completed on a four monthly basis, or as the needs of residents changed. This is required by regulations.
- two residents with urinary catheters did not have a urinary catheter care plan in place to specify their individual care requirements. Urinary catheter care plans for a further two residents did not provide sufficient detail to guide and direct staff in the safe and effective management of indwelling urinary catheters.

Judgment: Not compliant

### Regulation 6: Health care

Residents had timely access to general practitioners and specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Residents were supported to attend out-patient and other appointments. There was a very low incidence of pressure ulcer development within the centre, and there were no residents with pressure ulcers on the day of this inspection.



Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff, and observations of the inspectors, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff, using effective de-escalation methods. Staff spoken to outlined person centred interventions including utilising the use of music, walks outside and distraction techniques. Staff promoted the principles of a restraint free environment and the person in charge told the inspectors that restraint measures are only utilised when alternatives and other interventions had failed. Six residents were using bed rails on the day of this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre ensured that the rights and diversity of residents were respected and promoted. Residents were consulted with on a daily basis by the person in charge and staff and via meetings. Residents were facilitated to exercise their religious rights and priest was available in the centre daily. The provider ensured that there were appropriate facilities for occupation and recreation available to residents. Staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially 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 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0041540

Date of inspection: 08/02/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The CNM has returned to work on a part time basis and will job share with an experienced Staff Nurse to provide support the Person in Charge. This will commence when a full time Staff Nurse has been employed which will enable the experienced staff nurse to take up the job share position. Active recruitment is ongoing to employ a full time Staff nurse. The CNM meets with the PIC every week to discuss regulatory guidelines and the needs of the Centre.</li> <li>• CNM also has the opportunity to attend the fortnightly Nazareth Management meetings. During these meetings they will meet other PIC's, the CEO and CNO of Nazareth Care.</li> <li>• There will be a review of all the Audit tools currently in use. The PIC and CNM will ensure audits are carried out in a timely manner and that they are scored, tracked and trended to monitor progress. The findings will be cascaded down to staff along with required action to be taken.</li> </ul>	
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> <ul style="list-style-type: none"> <li>• The provider charges an additional weekly service charge. Included in this fee as per the contract of care was routine therapies. There is a booklet, entitled Guide to Cost, available to residents and families as an addition to the Contracts of Care, which details all the therapies included in the fee.</li> </ul>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The management systems in place recognise and respond to complaints that will now ensure that complaints and concerns are acted upon in a timely, supportive and effective manner. The PIC and CNM will be responsible for recording and responding to complaints to ensure they are managed in line with the requirements under regulation 34 guidelines.</li> <li>• The residents survey carried out two month prior to this inspection to monitor their views of the service, have now been analysed and actioned. The information has been cascaded down to staff and actioned.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• New IPC Audits have been sourced from the IPC inspector. CNM has met with departmental supervisors and new audits are now in use.</li> <li>• CNM will be the Centres IPC lead and will be undertaking HSE training. Antibiotic usage is being recorded and multidisciplinary targeted antimicrobial stewardship audits and quality improvement initiatives and being sourced and will be implemented.</li> <li>• A janitorial sink has been purchased and is due for installation on 15th March. All Housekeeping staff aware of same.</li> <li>• A dedicated specimen fridge is now available for the storage of laboratory samples awaiting collection to reduce the risk of cross-contamination to medications stored in the medication fridges.</li> <li>• Staff have been advised to empty the resident's wash-water into the shower drain and not into sinks in residents en suite bathrooms. This will reduce the risk of environmental contamination and cross infection.</li> <li>• Staff have been advised to place bedpans and commodes pots into the bedpan washer with all contents for decontamination. They will not manually decant the contents into the sluice prior to being placed in the bedpan washers. This will decrease the risk of environmental contamination and the spread of MDRO colonisation.</li> <li>• The detergent in both bedpan washers has been replaced. The company responsible for the servicing of the washers has been contacted to ensure this oversight does not happen again. Next service is due May 2024.</li> <li>• Waste is being segregated in line with best practice guidelines. General waste is disposed of in general waste bins and healthcare risk waste in healthcare risk waste bins.</li> </ul>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Fire doors have been repaired as detailed in the Fire Risk Assessment report in November 2023 to bring the centre into compliance with Regulation 28.</li> <li>• Fire drills have been carried out in the centres largest compartment to ensure evacuation is carried out in a timely manner, when staffing levels are at their lowest.</li> <li>• The PIC will ensure these drills are undertaken at regular intervals to ensure all staff are competent to carry out a full compartmental evacuation, when staffing is at its lowest.</li> </ul>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• The CNM will monitor new admissions to the Centre to ensure a comprehensive nursing care plan has been completed within 48 hours of admission</li> <li>• Re assessments have been reviewed to ensure they are within the four monthly review period as per regulation.</li> <li>• Care plans were reviewed and updated for those with urinary catheters to ensure they met each residents individual care requirements and now guide and direct staff in the safe and effective management of indwelling urinary catheters.</li> <li>• A nurses meeting has been held to reinforce their responsibility in completing care plans and assessments in a timely manner and to continuously evaluate and update as needs change and within the four month review.</li> </ul>	

## 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(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.	Not Compliant	Orange	01/06/2024
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.	Not Compliant	Orange	01/06/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the	Substantially Compliant	Yellow	01/03/2024

	designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
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	01/06/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	05/03/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures,	Not Compliant	Orange	01/03/2024



	building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	01/03/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying	Substantially Compliant	Yellow	01/03/2024

	with the applicable timeline.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	01/03/2024
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 the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	01/06/2024