



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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Nursing Home
Name of provider:	Rathsheen Investments Limited
Address of centre:	Killowen, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	16 September 2021
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0032530

About the designated centre

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

St Joseph's Nursing home is located adjacent to the scenic town of Kenmare. The centre is family owned and managed. It provides care for 50 residents, male and female, from 40 years of age upwards. There is 24-hour nursing care available for residents. The management staff is supported by a health care team of nurses, care assistants, kitchen, maintenance and cleaning staff among others. A trained chef is employed in the centre and all dietary needs are met. Staff are trained in all the mandatory training required for designated centres for older adults including training in the prevention of abuse and in fire safety. The centre adopts a holistic approach to care with social, medical, and spiritual needs being met. Residents with long-term care needs, convalescence and medical conditions such as Alzheimer's are catered for. There are 25 single rooms and eight double bedrooms in the centre all with en-suite facilities. Two bedrooms accommodate three residents. Residents are encouraged to bring in personal items from home and to personalise their bedroom spaces with these items. An activity coordinator is employed to support the provision of meaningful activities. Celebrations and family occasions are celebrated in the centre. An external advocate is available and resident forum meetings are held monthly. A range of medical services can be accessed including a choice of general practitioner, the physiotherapist and the dietitian. There are three sitting rooms, a large dining room, an oratory, a smokers' room and a family meeting room available for use. Residents have access to a number of secure patio areas which are furnished with suitable seating and decorated with seasonal bedding. Residents have individual care plans which sets out how their needs are met. Residents are facilitated to become involved in developing these with staff and relatives where appropriate. There is an open visiting policy in place and residents and visitors are encouraged to voice any concern or complaint to management staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
--	----

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
Friday 17 September 2021	09:00hrs to 16:00hrs	Mary O'Mahony	Lead
Thursday 16 September 2021	10:00hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents said they were happy living in St Joseph's Nursing Home. They described the centre as "homely" and safe with "attentive medical care". The inspector met with a large group of residents and spoke to six residents in more detail throughout the days of inspection. In addition four relatives who were visiting during the inspection discussed their satisfaction with the staff and the care their relative received. Residents spoke with the inspector about the convenient location of the centre near to a scenic, large busy town. The majority of residents said they were from the locality which meant that they had easy access to their relatives and felt connected to the community. Staff were described as kind and attentive and care in the centre was described as "very good". One resident said that staff were "A1" and she was very content with her private bedroom accommodation, the meals and the en suite facilities.

The inspector arrived unannounced to the centre and was met by a staff member who ensured that infection prevention and control procedures were followed. Following a preliminary meeting the inspector was guided on a tour of the centre by the person in charge. The inspector was informed and also saw that there had been ongoing improvements to the premises since the previous inspection. The centre was very clean and generally seen to be in a good state of repair and decoration. For example, one shower room had been fully re-tiled and flooring had been upgraded where necessary. In addition, two new, single en suite bedrooms had been developed which meant that two multi-occupancy rooms were reconfigured and residents moved out to the single rooms of their choice.

The centre was observed to be bright and airy with lovely views over the surrounding valley. A large day room and dining room provided communal space where residents were observed to be social distancing. One sitting room was seen to be the hub of all activity throughout the day while the smaller sitting room was used by individual residents who had specific needs for quiet and space. A nicely decorated oratory provided another area where residents or relatives could sit for individual reflection. This room opened into the main sitting room when musicians were present, as on the second day of inspection. This meant that social distance was easily maintained. There was a visitors' room available which doubled as a dining area for residents who required help from staff with their meals. This room was also used for window visiting or doctor consultations. The inspector found that many of the residents' bedrooms were personalised with soft furnishings, ornaments, personal art and photographs. Residents in the centre were complimentary about the scenery from all windows stated that they loved the greenery and rural setting. One resident said that she considered it her "home" and would not wish to leave the centre as she was so well looked after.

The inspector was informed that there was a good activities programme in place and there were two staff members allocated to the role of activity organiser on the roster. On the day of inspection the inspector saw a number of lively activities taking

place such as bingo, music, reminiscence and a "live" music session with residents singing along to their favourite songs. The inspector observed that staff and the musician encouraged residents to partake in the singing and some good humoured laughter and conversation was heard. Residents said that they had been out on the spacious patio gardens during the lovely warm days. On one day during the inspection residents were delighted to be visited by a well known, nationally renowned singer who was one of a group of volunteer musicians called the "Mobile Music Machine". Residents were seen to be delighted to have a free concert out on the patio with such a prestigious singer and the musicians, within the resident population, particularly enjoyed the musical interlude. Residents said that they wished it was a longer session but understood that there were other centres to be visited. Residents were particularly delighted as the pandemic had meant months of isolation and they now felt "there was light at the end of the tunnel".

Residents told the inspector that the activities were really important to them and had kept them occupied during the period of restricted visiting when relatives were not allowed in the centre due to the pandemic. Residents felt relieved that visitors were allowed in again. The inspector saw visiting taking place throughout the day and observed that COVID-19 infection control procedures were complied with. Visitors spoken with said that communication had been maintained during the pandemic and they had always felt that they were kept up to date with the needs of their relatives and any changes in the centre. A large number of letters and complimentary cards were seen displayed in the entrance hall which praised the staff and the care available.

The inspector was told by residents that they had a residents' committee and they said that their views were listened to and their rights respected. Records of residents' meetings and surveys showed that suggestions made by residents were acted upon where possible and discussed at the next meeting. Residents said that they enjoyed the opportunity to be involved and have their voices heard. They were updated regularly about COVID-19 and the importance of hand hygiene. They informed the inspector that they understood the need for masks which were worn by staff to protect them. Food was plentiful, varied and nicely presented to residents. Residents said that the staff took note of their meal choice daily. Residents were seen to enjoy a choice at each meal and they told the inspector that their opinions were taken into account in relation to additional items on the menu. They said they really enjoyed the home baking. A staff member was seen going around to residents in the afternoon discussing the meal choices for the following day. There were two sittings for meals and there was no sense of rushing to finish meals. Where complaints had been made about any aspect of the dining experience these had been addressed to the satisfaction of the complainant.

Throughout the two days of inspection the inspector saw that the majority of residents were mobile and walked around at will in the centre. Staff were seen to chat with residents and there was friendly banter observed throughout the inspection. This meant that there was a lively, busy atmosphere in the centre with residents supported to walk to meals and to activities where necessary. It was a rare occurrence to see a resident being wheeled in a wheelchair unless this was a mobility need. The busy periods were nicely balanced with quiet, restful periods in

the afternoon when some residents returned to bed for an afternoon nap or relocated to their bedroom to watch a TV programme or read.

Residents told the inspector that they enjoyed living in the centre. The group of residents and relatives spoken with were complimentary about the staff. They said that staff were respectful and good natured. Relatives and residents said they were very grateful to the staff who had worked tirelessly during the pandemic to keep them safe and COVID-19 free. The inspector observed a number of kind interactions between residents and staff during the inspection and those who liked to smoke were guided to the well equipped smoking room. A number of residents were seen to have personal phones, use video calls and newspapers and enjoyed religious services in the centre on TV from the local church. The person in charge said that mass was said on a monthly basis within the centre and this was to be increased as the restrictions were lifted. Two men were seen to enjoy reading the daily papers from cover to cover and said that this was a "life time habit" which they continued in the nursing home. The inspector saw that approximately 14 newspapers were delivered each day and were based on residents' choice of newspaper.

Overall, the residents expressed feeling a sense of safety and contentment living in St Joseph's Nursing Home. 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

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined and clearly set out. The management team had been proactive in responding to findings on all previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in the area of staff training and staffing levels at night time.

The registered provider for the centre was Rathsheen Investments Limited and the centre was family owned and run. A director of the company was present in the centre daily. The care and support team in the centre was comprised of the person in charge, an assistant director of nursing, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. There was evidence of regular meetings between the provider and the nurse management team to promote best practice particularly in relation to preparedness for COVID-19. Staff confirmed that meetings were held regularly with all grades of staff which meant that communication was clear. Complaints management and key performance indicators were reviewed and discussed at these

meetings as evidenced in the minutes. Staff handover meetings ensured that information on residents' changing needs was communicated effectively according to staff spoken with. The detailed information in the daily communications sheets in residents' care plans provided evidence that pertinent information was exchanged between staff.

The inspector reviewed the systems that had been put in place for monitoring the quality and safety of care provided to residents. Key clinical data was collected including on the management of medicines, falls, infections and health and safety issues. The audit schedule was set out at the beginning of the year and audits were undertaken monthly. The inspector saw that the regulatory review of the quality and safety of care was completed. A number of actions from this review had been addressed such as additional training and premises upgrade.

The service was generally appropriately resourced. Staff reported that it was a supportive workplace and they felt appreciated for the work they had done during the lockdown periods related to the pandemic. A new activity coordinator had recently been recruited to support social activity over the seven days. However, the inspector found that the night staffing levels required review as discussed under Regulation 15 in this report. The training matrix indicated that staff received training appropriate to their various roles. The person in charge was trained to deliver a range of pertinent courses such as privacy and dignity training and end of life training. Staff confirmed their attendance at the sessions. Completed evaluation sheets provided the person in charge with an audit tool on training effectiveness. Staff supervision was implemented through annual appraisals. The presence of senior nursing staff on each rota ensured appropriate supervision.

The centre had implemented the required policies on recruitment, training and vetting that described the induction process for new employees. Nonetheless, the inspector found that four of the health care assistants had yet to commence a Fetac Level 5 qualification in care of the older adult which was required under the recruitment policy in the centre and their job descriptions. Such a qualification for each staff member would ensure that the workforce was skilled and trained to a national standard on the key requirements and skills for the role. In the sample of staff files viewed the inspector found that the required regulatory documents were in place. Job descriptions, Garda (Irish police) vetting (GV) clearance arrangements and probation reviews were carried out for new staff. Completed induction forms were seen by the inspector.

Copies of the appropriate standards and regulations were accessible to staff. Maintenance records were in place for assistive equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were easily retrievable for inspection purposes: for example, care plans, assessments, complaints log and incident reports were seen to be comprehensively maintained. The inspector reviewed the complaints log which revealed that a required regulatory notification had not been submitted following a one specific complaint.

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

Regulation 15: Staffing

Night staffing levels which consisted of one nurse (after 8pm) and two health care attendants (after 10 pm) was not sufficient to meet the needs of the 46 residents living in the centre at the time of inspection.

The provider was asked to audit, assess and revise the night staffing levels based on the needs of residents and the layout of the centre. As the one nurse would be occupied with the night handover report and medicines round in the early night she was not free to supervise or support care until these nursing duties were completed. As this is a 50 bedded nursing home one nurse and two health assistants after 10pm was an inadequate level of staffing to provide a high level of safe care in the event of a fire or other emergency. Additionally the layout of the home is diverse and spread out over a number of corridors. An inadequate staffing level would be particularly significant in the event that a resident required care at end of life, for those residents who required help with snacks or drinks during the night, those who wished to smoke in the designated smoking area and those residents requiring the support of two staff and hoist equipment for their care needs.

Judgment: Not compliant

Regulation 16: Training and staff development

A number of health care assistants were yet to commence a national Fetac level 5 course in aspects of care of the older adult as required under the centre's recruitment policy and the job description for the role. This training was required to ensure staff, especially those who are coming from a non medical or associated background, are familiar with care of the older person and provision of evidenced-based care.

Judgment: Substantially compliant

Regulation 21: Records

Staff files were well maintained. The records required for inspection, for example medication error forms and incident records were accessible and up to date.

Judgment: Compliant

Regulation 22: Insurance

The current insurance certificate was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management system was defined, comprehensive and well maintained. The lines of authority were clearly set out.

The annual review of the quality and safety of care had been undertaken and the audit schedule was in place.

Audit action plans were developed and actions had been taken to address issues identified.

Staff supervision process were well established such as staff appraisals and induction.

Equipment was serviced and premises upgrade was continuous.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for new residents included the room occupancy and set out the fees payable by residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose had been submitted to the Chief Inspector when internal changes had been made, such as the four-bedded room which was now occupied by three residents and two new single rooms which had been established within the centre. These changes were highlighted in the regulatory document as required.

Judgment: Compliant

Regulation 31: Notification of incidents

Following a review of the complaints book the inspector found that one notifiable event had not been notified to the Chief Inspector as required,

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were recorded and details of investigations were maintained. Some of these records and details correlated with information previously received by the inspector.

The records indicated that key management personnel were familiar with any concerns and complaints and had signed the complaint form when the satisfaction of the complainant was received,

Judgment: Compliant

Regulation 4: Written policies and procedures

The regulatory schedule 5 policies were updated within the specified three year period. Relevant policies had been updated with information and risk assessments on COVID-19: these included the risk management policy and the infection control policy.

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. There was evidence of good consultation with residents and their needs were being met through timely access to health care services and opportunities for social engagement. They stated that they were relieved that they did not experience an outbreak of the COVID-19 virus and they acknowledged the work and effort of staff, the relatives and the vaccination team which all combined to keep them safe.

The inspector found that residents appeared to be well cared for: for example, they had maintained their weight, they had good skin integrity and they were nicely dressed in their choice of clothes. Staff supported residents to maintain their independence where possible and residents' health care needs were well met. The GP reviewed residents' medicines on a three-monthly basis. Dietitian visits to the nursing home had resumed in recent weeks and documentation seen by the inspector confirmed this. Residents in the centre had access to the psychiatry and palliative services and were facilitated to attend outpatient appointments. The residents' assessment process was seen to involve the use of a variety of formal assessment tools and care plans were found to be sufficiently detailed to direct care. A policy to inform the management of restraint was available. The number of bed rails in use had been revised downwards following risk assessment.

Staff in the centre monitored residents and staff for COVID-19 infection and residents and their families were informed of any test requirement. Vaccinations against the virus had taken place for staff and residents. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document. The inspector spoke with members of the housekeeping staff who were aware of the products to be used to prevent COVID-19 infection. The Health Information and Quality Authority (HIQA) COVID-19 assessment plan had been used on a three monthly basis to audit the key aspects of infection control arrangements.

Accommodation for residents was laid out over the spacious ground floor. Upstairs there was a new meeting room, a secure file room and storage space. On the days of inspection there were 46 residents in the centre and four vacant beds. The provider had taken the initiative to reduce the four bedded room by one bed thereby providing more space and privacy for the remaining three residents. Additionally two new single bedrooms had been developed within the centre which meant that a three bedded room had been reduced to a double occupancy room. Assistive equipment such as a bath, hoists, wheelchairs and walking aids was available to residents. Each resident had an individual sling hoist for movement which was an additional measure to prevent cross infection.

The spacious stainless steel kitchen was appropriately equipped. Food stocks were plentiful and issues highlighted on an environmental health inspection had been addressed. There was one large day-room on the ground floor which was furnished

with seating to watch TV, listen to music or enjoy the scenery. Dining space was optimised by having two sittings which residents said was more enjoyable as there was plenty space and more time to enjoy their meals.

The inspector found that residents were consulted about how the centre was run and felt linked to the community. Local school children were expected to renew their welcome visits while music sessions, knitting skills and pet therapy were also facilitated. Advocacy services were accessible to residents as required and had been contacted during the inspection to support one resident's care needs. Staff spoken with were found to be generally knowledgeable about residents' likes, past hobbies and interests. This supported a social programme which met resident's needs and interests. There were systems in place to safeguard residents from abuse and training in this aspect of care was delivered annually.

Care plans were personalised and detailed. In a number of cases they were signed by residents to indicate that they had been consulted. Following a review of a sample of these personal plans the inspector highlighted some aspects of the documentation which required review for consistency. Health care records were recorded by the GP in an electronic system which was easily accessible to staff. These indicated that residents were visited in the centre and that consultations had also taken place over the phone.

The fire safety system conformed to the L1 requirements and was newly installed. Staff spoken with explained to the inspector in a clear manner how they would respond to a fire alarm. Daily, weekly and three monthly fire safety equipment checks were undertaken. Certificates were available for quarterly and annual checks. Regular fire drill records were available for inspection and all staff had attended the annual fire safety training and evacuation. Maps on display were being reviewed at the time of inspection to include colour coding identification of the various fire safe compartments used for horizontal evacuation: that is evacuation of residents from one area to another safe area away from a potential fire. The provider was requested to forward a copy of the revised maps when these were prepared.

Regulation 11: Visits

Visitors were seen in the centre throughout the day. They followed the required procedure for infection control on entering the centre. Residents were seen to enjoy their company and some visits were enjoyed in the fresh air to minimise any risks involved.

The person in charge stated that compassionate visits were always facilitated for those who were ill or felt lonely.

Judgment: Compliant

Regulation 13: End of life

End of life wishes were recorded and in most cases residents were seen to have signed the care plan. These were updated four-monthly and residents were seen to have changed their wishes on some occasions which was communicated and recorded. Palliative care expertise was available to guide best evidence-based practice.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and nicely laid out. There was a nice variety of communal rooms available to residents. A visitors' room and a chapel provided additional space. The patio doors on each hallway opened out into the colourful courtyards which residents were seen to access independently during the days of inspection. The bedrooms were spacious and well equipped. There were 25 single rooms and eight double bedrooms in the centre all with en-suite facilities. Two bedrooms accommodate three residents, which were also en suite. Residents said that they had plenty room for personal items and the inspector saw that pictures and photographs were on display in each room and on the walls in the centre. The gardens were spacious and scenic. A pathway outside led to a paddock where two pet donkeys were available for residents to visit. The inspector was also shown the large garden poly-tunnel which was used by residents to grow tomatoes, cucumbers, lettuce and other vegetables.

Judgment: Compliant

Regulation 26: Risk management

The risk register was seen to be updated with current and new risks. These included individualised risk assessment for residents who smoked, those at risk of absconson and falls and the risks presented by COVID-19.

Judgment: Compliant

Regulation 27: Infection control

The COVID-19 contingency plan was up to date. The most recent guidelines from

the Health Protection and Surveillance Centre (HPSC), on visiting protocols and COVID-19 prevention and management strategies, were available in the centre.

Staff were seen to wash their hands frequently and to use the personal protective equipment (PPE) appropriately, for example wearing masks and aprons properly. When staff failed to follow protocol this was addressed on the appraisal forms and supervision undertaken to sustain the improvements.

Judgment: Compliant

Regulation 28: Fire precautions

The provider stated that the fire exit location maps were being redrawn at the time of inspection to more clearly identify the number of compartments for staff. The provider stated that he was in the process of developing a list of the compartments to be displayed next to the fire alarm panel to further aid staff to quickly identify the fire source.

The provider undertook to forward the new maps to the inspector following the inspection in addition to a report of a fire evacuation drill of the largest compartment simulating night staffing levels. A satisfactory response was received.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed and all records were clearly maintained.

Stocks of medicines were regularly reviewed and the management team undertook regular audits of medicine management.

Staff were appropriately trained and learning from errors was disseminated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found that in one care plan there were a number of different versions of a form in use which was used to describe a resident's behaviour. There was some inconsistency in how often these forms were filled in. This required review to enable a more consistent record to be maintained to inform medical or environmental

review.

The information in some of the care plans did not always provide a true picture of the residents' communication challenges as reflected in the complaints book and other information in the daily narrative notes.

The care plan used to record residents personal life stories "The Key to me" had not been updated in all cases to reflect new pertinent information about residents' life and interests.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence in care plans of access to the general practitioners (GPs), the speech and language therapist (SALT), the optician, the dentist and consultants among other health professionals. Residents did not have any wounds on their skin and where these had been present on admission from the acute sector they had been healed by staff in the nursing home. This indicated that there was good clinical expertise among the nursing staff. A range of clinical assessments tools were used to assess residents' needs for example, the Malnutrition Universal Screening Tool (MUST), cognition assessment and a falls assessment tool. Care plans were then based on the outcome of these assessments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Management staff were trained to deliver training in this aspect of care to staff. Care plans were available in residents' files which provided advice on residents' communication and mood changes.

Judgment: Compliant

Regulation 8: Protection

Training had been delivered to all staff in the recognition and response to abuse. A number of staff spoken with were familiar with the training and were aware of how to report allegations.

Financial records were well maintained and a sample of these were made available

to the inspector for review.

Judgment: Compliant

Regulation 9: Residents' rights

Residents survey results and minutes of residents meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents felt that their rights were respected and the advocacy service was accessed to provide additional support where a resident was experiencing challenges which impacted on their comfort or on other residents' rights.

Residents said that their choices were respected in relation to visits, meals, bedtimes, to access external gardens, smoking choices, personal newspapers and mobile phones.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented.

Visitors said that there was very good communication with the person in charge throughout the COVID-19 pandemic and residents were appreciative of staff efforts to keep them all safe and free from infection.

One resident who used to live alone stated that he now had "comfort and care".

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Nursing Home OSV-0000288

Inspection ID: MON-0032530

Date of inspection: 17/09/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As requested, we reviewed the night staffing levels. While at no time in the past has it ever been suggested that the level of care has been negatively impacted by the current staffing levels, we take on board the inspectors concern in relation to caring for the needs of residents. With this in mind, we propose to introduce an additional nurse to cover the night shift, thus ensuring that 2 registered nurses and 2 HCAs will be on duty throughout the night. In addition, the PIC or one of our CNMs are “on call” throughout the night thus ensuring that additional nursing support is available if required.</p> <p>The provision of the additional night cover will necessitate the hiring of 2-3 additional nurses, we recently advertised on the national press and several on online recruitment platforms for nurses and HCAs however filling these roles has proved extremely challenging. Demand from other providers and the HSE means that there are many opportunities for prospective applicants and relocating to South Kerry is seen as a liability. We will continue to advertise for these positions.</p> <p>Due to the challenges encountered in recruiting staff locally we have taken the decision to extend our search internationally, and we have engaged an agency to assist us in this process.</p> <p>Once the additional staff are recruited, we will introduce the extra shift to the roster.</p> <p>The PIC and management will continue to monitor and review staffing levels on a frequent basis, to ensure they are adequate to meet residents' needs.</p>	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>At St Josephs we have a comprehensive training programme which promotes active learning and continuous professional development. The company actively supports staff to continue their education and learning to improve the knowledge base. All staff partake in in-house training/refresher courses.</p> <p>We will continue to encourage and support the existing staff who have yet to complete their FETAC Level 5 course to do so.</p> <p>Due to the challenges in attracting care assistants to work with us, for the foreseeable future we may have no option but to engage people who do not hold the relevant qualification, however in all cases we will support the new recruit in booking their training and completing their courses throughout the compliance process. These staff will also be supported with induction and in-house training. This situation will be reflected in our recruitment policy and the job descriptions for the role.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The event identified by the inspector was notified to the chief inspector on the day of the inspection.</p> <p>Going forward all incidents will be notified to the chief inspector within three days of the event.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Currently our engineer is updating the plans that will detail the different compartments and the fire exit location maps, once to hand we will forward to the inspector.</p> <p>The report on the fire evacuation drill of the largest compartment simulating night staffing levels has been forwarded to the inspector.</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>In relation to the care plan identified by the inspector the resident in question may express themselves using inappropriate communication skills, however they can communicate their needs and wants.</p> <p>All care plans are updated every four months or more frequently if the residents condition changes and/or they return from hospital.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	20/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	22/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	22/11/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Substantially Compliant	Yellow	22/10/2021

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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.	Substantially Compliant	Yellow	22/10/2021