



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Hospital Ardee
Name of provider:	Health Service Executive
Address of centre:	Townspark, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	17 February 2021
Centre ID:	OSV-0000537
Fieldwork ID:	MON-0031601

About the designated centre

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

St Joseph's Hospital is a four storey building, built in 1780 with extensions added the latest in 2010. It was built as a family home, converted to a hospital for the local area and is now a registered nursing home. The centre provides care to a maximum of 20 residents, male and female, over 18 years of age. All residents accepted for admission require long term care. Residents of all dependency levels are assessed and accepted for admission. The residents accommodation is located on the ground floor. 9 in the main building to the front of the premises and 11 in the unit to the rear of the building. The bedrooms are made up of 4 bedded, 3 bedded and single bedrooms. There is ample parking around the building and residents have access to an enclosed garden and grounds surrounding the hospital. St Joseph's Hospital is located on the outskirts of Ardee town just off the N2.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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
Wednesday 17 February 2021	09:30hrs to 15:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The majority of residents living in this centre had high levels of physical needs and were assessed as high to maximum dependent residents. The inspector spoke with most of the residents, the feedback was overwhelmingly positive and they said life living in the centre was good. Overall, the inspector found that residents received person centred care which took into account their social, nursing and medical care needs. However, the premises were dated and in need of refurbishment in some areas. In addition the layout of the multi-occupancy rooms did not afford adequate privacy for the residents accommodated in those rooms

Residents were happy with the standard of care they received. They said they saw their Doctor every week. Residents who spoke with the inspector expressed delight at having received the first dose of their COVID-19 vaccine and said they didn't have any side effects. Two residents expressed delight at being able to have visitors on compassionate grounds and were enjoying seeing their family members again. The happiness and joy this brought was evident on both the residents' and relatives' faces.

The inspector met the one independently mobile resident enjoying the freedom of mobilising throughout the centre. He explained that it was his role to care for the resident dog, feeding him each day. The resident showed the inspector where the dog slept, in a dog bed beside his bed. and the other residents enjoyed the company of the dog.

Residents had high praise for the staff, they said staff were attentive and this was evident throughout the day. One to one, individualised person-centred care was provided to residents. The inspector observed residents being assisted with their morning soup and lunch, some in their bedroom and others in either one of the two dining rooms. Residents independence was promoted where possible. One wheelchair dependent resident explained how he could not hold a cup but could manage drinking from a beaker, this allowed him to be independent in one aspect of his day to day life, which he was grateful for.

The inspector saw staff assisting a number of residents into a quiet communal room where social distancing could be maintained and where residents were going to watch and listen to a live streaming of morning Mass. The residents said Mass was streamed live from different countries each day, yesterday it was from New Zealand and today it was Canada. Later when chatting they they said they enjoyed the Masses and especially listening to the different accents.

Residents were seen reading the daily and weekly newspapers. One resident said he loved reading the local paper as he was able to keep up with the local Gaelic, which he loved playing when he was a young man. A visiting relative explained how her mother enjoyed reading the headlines in the daily newspapers which were provided

in the centre.

Residents had an activities schedule based on their preferences. The inspector saw these were reflected in their social activity care plan. One resident told the inspector they were playing bingo after lunch and although they didn't play for a prize or money they enjoyed the fun of it. The activities co-ordinator had access to two pieces of equipment which enhanced the social aspect of residents life. The large white board facilitated access to a wide variety of interactive activities via the web and a magic table. The magic table is a game used to stimulate residents with dementia, light is projected onto a table and it enables residents to interact with the projected colourful objects.

The inspector was informed that the building of the new centre had been delayed. The site for the new building was situated to the front of the existing building. The inspector saw a new road had been laid leading to its entry. The project was at tender stage and the proposed completion date had been revised from 31 December 2021 to the 31 December 2023. In the meantime, the inspector was informed about the interim plan to reduce the bed occupancy further from 20 to 18 beds which helped to ensure that some of the residents accommodated in the multi-occupancy rooms would have enough private space.

The inspector saw that a number of the residents were sharing bedrooms. The residents accommodated in the two four bedded rooms and the two three bedded rooms did not have access to sufficient space around their beds to allow them to carry out personal tasks in private. The private space available to each resident was restricted to the space behind their privacy screening around their bed. This space allowed for a bed, chair, bedside table and one small storage unit, which included a locker space some small drawers and a narrow wardrobe. It reflected the type of storage unit available to patients accommodated for a short stay in an acute hospital setting. The person in charge explained that the staff stored the residents' seasonal clothing by their bed and had extra storage for residents' clothing upstairs in a store room. The three bedded room, U11, was particularly small and did not provide an adequate amount of private space for two of the residents living side by side in this room. There was less than one meter of space between their beds.

Most of the residents living in these bedrooms were assessed as high or maximum dependency and were unable to access the toilet independently. The sharing of bedrooms meant it was difficult for staff to maintain residents privacy and dignity when they were using any equipment such as a hoist or a commode. In addition, none of the bedrooms had privacy locks insitu. This meant residents could not lock their bedroom door if they wished to do so.

Residents had access to communal shower and toilet facilities in line with their needs. They also had access to an assisted bath. One of the four bedded had direct access from the bedroom into one of the communal shower rooms.

Residents had access to two large communal rooms which were used by residents during the day. Both rooms were bright and comfortably furnished. One resident explained that they loved the garden which one of these rooms overlooked and of

course the resident dog who occupied the garden.

Overall the centre was maintained to a good standard however woodwork such as skirting boards and door frames were chipped and floor covering was worn in different areas throughout the centre.

The infection control practices (IPC) observed were good and staff did have a good knowledge of infection control practices (IPC). However, the inspector observed that house keeping staff did not have access to an equipped cleaning room. This is discussed further under Regulation 27.

The next two sections of the report will discuss the findings in relation to compliance with the regulations and the impact of any non-compliance on the lives of the residents living in the designated centre.

Capacity and capability

This centre had not experienced a COVID-19 outbreak to date. All 16 residents had received the first and second dose of their COVID-19 vaccine.

The management team had systems in place to ensure that the service provided was safe, consistent and appropriate to meet the residents' needs. They had addressed three of the four compliance plans from the last inspection. The plan in place to address the non compliance in relation to the premises was delayed due to the COVID-19 pandemic. Although the provider demonstrated a clear commitment to becoming compliant with the regulations they did not provide the inspector with a clear plan for how they would improve the privacy and dignity for the current residents accommodated in the multi-occupancy rooms now that the project to build the new designated centre was significantly delayed. The centre was well governed. The provider and the two clinical nurse managers supported the person in charge in carrying out her role. There was systems in place to ensure the quality of care provided to residents was monitored by the management team. These systems assured the inspector that the management team had a clear oversight of the care provided and used the findings to improve the quality of care provided to residents.

Resources were made available to ensure residents enjoyed a good quality of life. The staffing numbers rostered over a 24 hour period met the needs of residents. The staff received a good standard of training and training updates were provided in a prompt manner.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre had been received and reviewed by the inspector prior to this inspection. The application requested renewed registration of 18 beds. The statement of purpose and floor plans submitted did not clearly reflect where the 18 beds to be registered were located. Feedback on both these documents were sent to the provider and person in charge for review.

Judgment: Substantially compliant

Regulation 15: Staffing

The staffing levels and skill-mix was good. The needs of the 16 residents were being met. Staff were attentive and residents were supervised. The staff had time to sit and interact with residents. They provided individualised care in accordance to the residents care plan.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. They all had the mandatory training in place, and where updates were due for staff, the inspector saw that training had been booked. For example, twelve staff were attending onsite fire training on the afternoon of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. Managers were known to staff and residents. Staff were clear about their roles and responsibilities and had the knowledge and skills to carry out their work.

The management team had oversight of the quality care being delivered to residents. There was clear evidence of learning and improvements being made in response to quality reports and other feedback.

The management team had oversight of the quality care being delivered to residents. They had a quality improvement plan in place for the premises although this was delayed due to the pandemic and an interim plan to reduce the bed occupancy had been proposed.

The annual review for 2020 was in progress.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy displayed in the centre. It met the legislative requirements and had been updated in the past three years. The person in charge said they had no complaints and a review of the complaints file confirmed this.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule five policies were available for review. They had all been updated in 2020 between June and December and had been implemented into practice.

Judgment: Compliant

Quality and safety

Overall, residents received a good quality of care and services in line with their needs and preferences. Residents' health, social care and spiritual needs were well catered for.

All staff had strived to ensure residents received a safe and quality service where their abilities and potential was maximised. Residents were complimentary of the services, staff and facilities available to them.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety. This was reflected in the low levels of accidents and incidents that occurred and the fact that the centre had not experienced a COVID-19 outbreak.

Residents were facilitated to exercise choice and control over their life and to

maximise their independence. They had access to a good chose of activities which they really enjoyed.

The premises was old and as the construction of the new building was now delayed. As a result significant improvements to the existing building were required to ensure it was well maintained and continued to meet the needs of residents and that the privacy and dignity of all of the current residents were maintained at all times.

Regulation 17: Premises

The premises was clean and tidy. The proposed plan to reduce the number of beds in the centre had the potential to increase the amount of private space available to some residents. However, at the time of the inspection it was not clear which multi occupancy bedrooms were going to have a reduced bed capacity.

Some improvements were required, these included:

- the chipped door frames and skirting boards
- the provision of privacy locks on bedroom doors
- the worn floor covering in some areas
- Housekeeping staff did not have access to an appropriately equipped cleaning room. As a result staff used the sluice room for sluicing and emptying cleaning buckets and used the wash hand basins in the residents bedroom for accessing hot water to fill buckets. This was not appropriate and created a potential risk of transmission of infection.

Judgment: Not compliant

Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. There was a risk register was in place which identified the current risks. It was reviewed on a regular basis. There was a plan in place to minimise the scale of all risks identified.

Judgment: Compliant

Regulation 27: Infection control

Overall the infection prevention and control (IPC) processes were of a good standard and there was good oversight of staff practices in this area. Staff hand hygiene practices were good and there were appropriate hand washbasins available to staff in each bedroom.

There was a contingency plan for dealing with a COVID -19 outbreak which had been communicated to staff and a risk assessment for COVID-19 had been completed. The centre had measures in place to minimise the impact of any new COVID-19 outbreak.

There were local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. For example: the cleaners completed and signed a completed cleaning schedule when they had cleaned each room. Cleaning trolleys were visibly clean and all the product bottles were discarded once empty.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the residents' assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development and reviews of their care plans. Relatives of those residents living with dementia were also involved in care plan reviews.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were being met. Residents had access to members of the allied health care team including physiotherapy, occupational therapy, dietetic, speech and language, chiropody, tissue viability, dental and ophthalmology as required. Referrals were made promptly. The inspector saw that a number of the residents had and occupational therapist assess them for seating and they had appropriate seating in place to meet their needs.

A review of a sample of residents files showed that residents were being reviewed by their GP as required and had a medical review completed every four months.

Residents had all aspects of their health monitored regularly, including their weight,

blood pressure, pulse and temperatures were recorded twice per day during the pandemic in line with the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and effective supervision of staff. A review of a sample of staff files assured the inspector that staff had a garda vetting disclosure in place prior to commencing employment.

The centre was a pension agent for a number of residents' pensions. The processes in place were reviewed and were in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a person centred, well resourced schedule of activities which they enjoyed on a daily basis.

The residents' right to privacy was not respected at all times. The detail of this evidence is outlined at the beginning of this report, in brief:

- the amount of private space available to each resident in the four, multi-occupancy bedrooms was minimal and did not meet the needs of residents
- there were no privacy locks on any of the bedroom doors

Judgment: Not compliant

Regulation 28: Fire precautions

The fire alarm, fire extinguishers and emergency lighting were serviced as required

and these records were available for review.

Fire drills and fire training had been completed on four occasions with staff in 2020 and they were all in receipt of mandatory updated training.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for St Joseph's Hospital Ardee OSV-0000537

Inspection ID: MON-0031601

Date of inspection: 17/02/2021

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: A revised application for renewal has been submitted on 22/03/21. The modifications are reflected in the updated floor maps and statement of purpose.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The two 4 bedded multi-occupancy rooms will be reduced to 3 bedded rooms. One of the 3 bedded rooms will be reduced to a 2 bedded room to increase the amount of private space for the residents in these rooms. An unused kitchenette on the first floor will be converted into a cleaner's room with sink and hand sink ensuring an overall improvement in meeting with Infection Control Standards. The registered provider will ensure the continued ongoing maintenance programme is funded and targeted to address the areas outlined in the report.</p>	
Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The reduction in bed capacity will greatly increase the amount of private space available to each resident in the multi-occupancy rooms.
Privacy locks will be placed on all bedroom doors.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	15/04/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	15/04/2021
Regulation 17(2)	The registered	Not Compliant	Orange	01/07/2021

	provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	01/06/2021