



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan Glebe, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	04 March 2022
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0035521

About the designated centre

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

The designated centre provides 24- hour nursing care to 52 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area but in close proximity to a small town. It is a three-storey building with views of Lake Ramon. There are a variety of communal rooms and single and twin bedrooms some of which are en suites. The aim of the centre is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Friday 4 March 2022	10:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 8 March 2022	09:45hrs to 16:35hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents' needs were for the most part being met by staff who knew them well. This unannounced inspection was completed over two days and the inspector communicated with several residents and a number of residents' visitors during the inspection. Feedback was positive from both residents and their families with residents expressing feelings of contentment and happiness with living in the centre, which concurred with their families satisfaction regarding the care and attention their loved ones' received. Residents told the inspector that they felt safe in the centre, were well cared for and that their meals met their satisfaction. The inspector observed that residents were very comfortable in the company of staff and that staff were patient and attentive to residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful at all times during this inspection.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering residents' accommodation.

The centre was warm and comfortable and residents were relaxed in their environment. Most residents spent their days in the large spacious sitting room on the ground floor. Large windows in the outside wall of the sitting room gave residents a panoramic view of a lake and a field with horses grazing in it. Some of the male residents had an interest in fishing and spent time watching the fishermen on the lake. One of the residents expressed an interest in 'doing-up' an old-time plough on display in the garden and the centre sourced the cleaning equipment he needed. Works were at an advanced stage to develop a large wrap-around patio outside the sitting room and some residents told the inspector that were looking forward to using it when the weather got warmer for relaxation and resumption of barbecues. Raised planting beds were available for residents with an interest in gardening.

Although the sitting room was large, its design also facilitated residents to enjoy quieter time in seating cluster arrangements away from the main part of the room. Traditional memorabilia familiar to residents was displayed in the communal sitting room which helped to create a homely environment. Bunches of daffodils in vases at various points were on display in the sitting areas. Some residents told the inspector that they loved daffodils because they reminded them that spring was approaching and one resident said that daffodils was their favourite flower.

The atmosphere was calm and unhurried throughout the two days of this inspection and staff were observed encouraging and supporting residents to make choices about their daily activities.

Residents said they valued having access to a physiotherapist every week and the inspector observed the physiotherapist supporting several residents with a chair

exercise activity and individual treatments to support their mobility on the second day of the inspection.

The centre premises was arranged over three floors with a protected stairs and lift access between the floors. Refurbishment of the third floor was recently completed and provided eight single bedrooms with full en-suite facilities. There were no residents accommodated on the third floor on the days of inspection. Residents were given opportunity to see the refurbished rooms and to express their interest in changing rooms if they wished to do so. A lift was provided to give residents from this floor convenient access directly down to the communal areas on the ground floor. The ground floor was on two levels and access from one level to the next was provided by a ramped corridor. A small wheelchair accessible open lift provided alternative access between the two levels. Refurbishment work was underway to a part of the ground floor to upgrade residents' accommodation and facilities in this area. This area of the centre was sealed off from the rest of the centre.

Although residents were happy and felt safe in their environment, some residents' confidence was impacted by the recent COVID-19 outbreak in the centre. This was evident from their feedback and their daily routines. For example, at the time of the inspection only one resident was permitted to sit at each table and as such these residents ate their meals and did not have the opportunity to socially interact during their mealtimes. In addition, the capacity of the dining room was significantly reduced and not all residents who might wish to had opportunity to dine there. The inspector did observe four residents sitting around a table in the sitting room enjoying chatting and laughing together during their mealtime, other residents had their meals on small tables where they sat in the sitting room. The centre's management and staff had recognised this and spoke to the inspector about how they were working with the provider to upgrade the decor and furniture in the dining room in addition to providing residents with dining tables in an area of the sitting room, if they preferred to dine together there.

Most of the residents' bedrooms were personalised with their personal items such as their photographs, artwork, soft fabric blankets, books and ornaments. Residents' bedrooms varied in layout and size. The inspector observed that with the exception of one twin bedroom, residents' bedrooms provided them with sufficient space to meet their needs and with the exception of two other twin bedrooms, residents had adequate wardrobe and storage space for their clothes and personal belongings.

Facilitating and ensuring residents were facilitated with opportunities to enjoy meaningful social activities that interested them and met their capability needs was an integral part of the healthcare attendant staff roles. The inspector observed that residents had a routine where they liked to join in to a daily Mass streamed from one of the churches on the large screen television in the sitting room while, others preferred to read the daily newspapers provided for them. Residents were observed participating in a variety of group activities including a music session facilitated by one of the care staff during the days of inspection. Some residents sang their favourite songs for the rest of the residents while others were happy singing along. A hairdressing salon was available and the hairdresser attended the centre one day each week. Residents expressed their enjoyment in doing art and crafts in the

centre and the inspector was told that an external art and crafts facilitator was arranged to do an art project with the residents.

Residents and staff knew each other well and residents told the inspector that they trusted the staff and they were 'always available and 'more than willing to help'. Residents confirmed that they felt safe and secure living in the centre. Some residents told the inspector they lived all their lives in the local area and were content that they could continue to live in the locality they knew so well. One resident told the inspector that they didn't worry anymore about 'being alone at night' and another resident said that they used to be 'afraid' as they lived in a remote area and living in the centre meant they 'could sleep at night without worrying about someone breaking into their house to rob them'. Staff who spoke with the inspector discussed residents' preferred routines and preferences and the ways with which they respected these residents' individual choices and preferences. Residents described the staff as 'friends' and commented positively on their 'good attitude' and 'kindness'.

Residents' visitors were observed coming to visit throughout the two days. Overall, visitors who spoke with the inspector expressed their satisfaction with how their loved ones were cared for and the service provided. Some residents met with their visitors in the coffee dock off the reception area. Both residents and their visitors expressed their happiness that restrictions on visiting were lifted and that they could spend quality time together again.

Residents knew the person in charge and other key staff including the provider representative and they told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents said that they would be listened to and any issues they raised would be addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced risk inspection was completed by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in September 2021. The inspector found that the provider had implemented improvements and others were in progress to bring the centre into compliance with the Regulations. The provider had put significant resources into refurbishing parts of the centre and these works were still in progress at the time of this inspection and will require completion to achieve compliance with Regulation 17; Premises and 9; Residents rights. This inspection

found that findings regarding fire safety in the centre required urgent action by the provider to ensure residents' evacuation needs would be met in the event of a fire in the centre. The provider forwarded the necessary assurances following the inspection.

St Joseph's Nursing Home Limited is the registered provider of St Joseph's Nursing Home. The person in charge of the centre was appointed in March 2021 and is supported by an operations manager. This operations manager also provided clinical oversight and support to two other designated centres operated by the provider. On a day-to-day basis, the person in charge was supported with managing the centre by two clinical nurse managers. This clinical management structure ensured clinical leadership, support for staff and that a senior member of staff was available over seven days in the centre to support staff with any issues that arose and to answer any queries from residents or their families. There were systems in place to monitor the quality and safety of the service with evidence of progression of quality improvements including actions to enhance residents' quality of life in the centre. Key areas of the quality and safety of the service were regularly reviewed and for the most part, where the need for improvements was identified these were being progressed and implemented.

There was adequate numbers and skill mix of staff available on this inspection to meet the assessed needs of residents. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles. While staff were facilitated to attend mandatory and professional development training and residents' needs were met, the inspector's findings identified staff training needs in care planning, skin pressure prevention and in managing residents' wounds. Improved staff supervision was also needed to ensure high standards of wound care care planning documentation.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was an agent for three residents' social welfare pensions and had put procedures in place in line with legislative and best practice requirements.

With the exception of an annual emergency lighting certificate available in the centre, all other fire safety records that must be maintained and available in the centre were complete and were held securely.

There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy. The complaints was accessible, easy to understand and included an appeals process. The complaints process was displayed in the entrance area and residents were made aware of the process in the resident's guide. Formal complaints were recorded on an electronic system and were managed in line with the centre's policy and timeframes. Records showed that there no open formal complaints at the time of this inspection. However, clarity regarding

management of informal complaints was necessary to ensure all complaints were captured. Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service. The annual review of the quality and safety of the service delivered to residents for 2021.

Regulation 14: Persons in charge

The person in charge commenced in the designated centre in March 2021 and their experience and qualifications in nursing older persons met regulatory requirements. The person is a registered nurse and had worked in a nursing management role in the centre since 2017. The person in charge has a postgraduate management qualification. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care and quality of life for residents.

Judgment: Compliant

Regulation 15: Staffing

The numbers of staff and skill mix provided were appropriate to ensure the needs of residents were met. The provider had strengthened the staff team since the last inspection in September 2021. Two clinical nurse managers were employed on a full-time basis and an additional care assistant was rostered with assigned responsibility for coordinating residents' social activities over seven days each week. The care staff member with responsibility for ensuring residents' social needs were met was clearly identified on the centre's staff duty roster each day.

Two staff nurses rostered on duty each night ensured that there was sufficient nursing staff available to care for the residents accommodated over three floors in the centre and to arrange two nurse-led teams if cohorting of residents who developed symptoms of or confirmed COVID-19 infection was necessary.

Judgment: Compliant

Regulation 16: Training and staff development

The findings of this inspection identified staff training needs in care planning and pressure ulcer prevention and in managing residents' wounds. For example, there was evidence of residents developing pressure related wounds in the centre during the previous twelve months and staff had not been facilitated to attend training on

pressure prevention management procedures.

Improved staff supervision was needed regarding residents' wound care procedures and completion of residents' care planning documentation. These findings are discussed further under Regulations 5, Assessment and care planning and Regulation 6, Health care in this report.

Judgment: Substantially compliant

Regulation 21: Records

A record of the annual emergency lighting certificate was not available in the designated centre on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

While, governance and management systems were in place to ensure the service was safe, appropriate and effectively monitored, this inspection found that the clinical oversight and management of risks required improvement. For example the following risks had not been identified and managed;

- the fire drill evacuation times did not provide assurance that residents could be evacuated to a place of safety in a timely manner.
- oversight of residents' pressure prevention procedures and wound care practices in the centre required improvement to ensure a high standard of profession practice, facilitation of staff training and access to tissue viability nurse expertise.

Although the provider had made significant progress with improving the layout of a number of areas in the centre premises, further resources were required to ensure residents had adequate communal facilities on the first and second floors and that the improvements needed to address the layout of the laundry and the sluice on the first floor were prioritised so that residents were adequately protected from the risk of infection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

<p>The centre's Statement of Purpose was recently revised and contained the information as required by Schedule 1 of the regulations. The document accurately described the service and facilities provided.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The process for capturing and reporting day-to-day informal expressions of dissatisfaction to the management team was not clear and did not ensure that all complaints were recorded. For example informal complaints were reported to the person in charge, however, they were not recorded or trended. Therefore there was a risk that this information might be lost and not used to identify where improvements were needed.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures regarding COVID-19 infection prevention and control were updated to reflect evolving public health guidance.</p>
<p>Judgment: Compliant</p>
<p>Quality and safety</p>
<p>Notwithstanding improvements needs in pressure prevention and wound care</p>

procedures, residents were provided with good standards of nursing and health care in line with their assessed needs. Residents enjoyed person-centred care and support from staff who were well informed regarding the residents' usual routines, individual preferences and care needs. Although fire safety management procedures were in place and residents' safety was prioritised, adequate assurances regarding compartmentation for the purposes of fire/smoke/fumes containment and that residents could be safely evacuated in the event of a fire in the centre were not found on this inspection and are discussed under Regulation 28; Fire precautions.

Infection prevention and control policies in place covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Implementation of infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The provider had improved infection prevention and control processes and procedures in the centre since the last inspection. Although the provider had implemented improvements in infection prevention and control in the centre, further actions were found to be still required to bring the centre into full compliance with the regulations. This is discussed under Regulation 27; Infection control.

The inspector acknowledged that refurbishment works had been completed in some areas and further improvements were in progress in other areas of the premises to ensure the layout of the premises including residents' bedrooms met their privacy and infection prevention and control needs. All communal sitting, dining and recreational facilities were located on the ground floor. This premises layout arrangement meant that in the absence of availability of these facilities, alternative communal rooms were not available on the first and second floors. This inspection also found that a resident's privacy was negatively impacted by the layout of one twin bedroom and storage facilities for personal belongings in two other twin bedrooms were not adequate. In addition the layout and floor space in a sluice room on the first floor and the centre's laundry did not support good standards of cleaning and infection prevention and control. Some areas of the premises were not well maintained and wall, door and wooden surfaces were damaged and therefore could not be effectively cleaned and some items of furniture used by residents needed replacing as they posed a risk of cross infection. Prompt action by the provider to address these findings was necessary to ensure that residents had a safe and comfortable living environment.

Residents were provided with good standards of nursing care and timely health care to meet their needs. While this standard of care optimised their continued good health and well being, improvements were found to be necessary to ensure residents' woundcare management was completed to a high standard and informed by evidence-based best practice. There was evidence of a small number of residents developing skin damage due to pressure. Residents' care plan documentation lacked sufficient detail to guide care and required improvement to ensure consistency in completion of pressure prevention and wound care procedures. Although, staff made good efforts to ensure residents had opportunity to participate in meaningful activities to fulfil their interests and capabilities, corresponding care plans lacked sufficient detail to inform residents' specific care needs.. Care plans were regularly updated but the inspector was not assured that there was adequate consultation

with residents and/or their families, regarding this process including any changes made needed improvement. These were also findings from the last inspection in September 2021.

Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Residents were supported to safely attend out-patient and other appointments in line with current public health guidance.

Residents' rights were respected with the exception of a resident's privacy in one twin bedroom. While, residents had opportunities to engage in varied meaningful activities and the activities appeared to meet their interests and capabilities, corresponding records available confirming this were limited. This documentation required improvement for assurances that the social activities met each resident's interests and capabilities.

Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers, televisions and radios.

Residents' meetings were regularly convened and their views on the service was welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the procedures in place were in line with the national restraint policy guidelines.

Regulation 11: Visits

Visiting was facilitated for residents' family and friends in line with public health guidance. Staff guided visitors through appropriate COVID-19 infection prevention and control procedures and several residents were observed enjoying meeting their families and friends on the days of inspection. A room was provided off the centre's reception area to facilitate residents to meet with their visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Although, the inspector was told that residents' wardrobes in some twin bedrooms will be upgraded, one of two existing wardrobes in two twin bedrooms provided limited storage for residents' personal clothing.

Judgment: Substantially compliant

Regulation 17: Premises

Although work was in progress to refurbish parts of the centre including residents bedrooms and widening of corridors, the layout of the following rooms in operation on the days of the inspection required improvement to ensure residents safety from risk of infection;

- The layout and limited floor space available in the sluice room on the first floor required improvement to provide unhindered access to the bedpan decontamination unit and other facilities.
- The layout of the laundry room did not support unidirectional flow from used linen to clean linen laundering systems and therefore posed a risk of cross contamination.
- A wall between a corridor from communal toilets into the sitting room and a cleaners' room on the ground floor was not built up to the ceiling. This posed a risk of spread of fire in the event of a fire incident in the cleaners' room.
- The layout of the first and second floors did not provide any communal space for residents to sit or dine together on these floors. This meant that as all communal sitting, dining and recreational facilities were available on the ground floor, in the event of restrictions for public health and safety reasons, residents accommodated on these two floors would not have access to any communal sitting, dining and recreational space outside of their bedrooms.

Proactive and ongoing preventative maintenance required improvement to ensure the premises environment and furniture was maintained to a high standard at all times. The inspector found the following improvements were required;

- The floor, wooden and wall surfaces in the laundry room were in disrepair and paint was chipped and missing from large areas of the floor and walls and open cracks were visible in the floor and wall surfaces. This meant that the surfaces in the laundry room could not be effectively cleaned.
- Tables and chairs in the residents' dining room were in a state of disrepair. The inspector observed that the surface under the seat on several chairs was torn and the seat fabric was worn and damaged. The surface on the edges of several of the dining tables was worn and the wood was exposed. This impacted on the implementation of effective cleaning and infection prevention and control measures.
- The floor surface in one twin bedroom occupied by two residents was cracked and uneven. This finding posed a risk of falling to residents and did not

support effective cleaning.

- Grabrails were missing from some residents' toilets and showers. This finding did not support residents' independence or safety from risk of falling.
- Although, painting of the some parts of the internal premises was in progress, paint was missing on wooden surfaces such as skirting along corridors, bedroom doorframes and on bedroom doors. This impacted on the implementation of effective cleaning and infection prevention and control measures.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents nutrition and hydration needs were regularly assessed and closely monitored. Residents weights were regularly monitored and dietician and speech and language therapy specialist assessments were facilitated without delay for residents with unintentional weight loss or swallowing difficulties. Dietary recommendations prescribed by these specialists were communicated to the kitchen and residents were provided with modified consistency and fortified and special diets as recommended to meet their needs. The menu offered to residents provided them with a choice of hot meals and alternatives to the menu were available, if requested by residents. Residents had access to fresh drinking water and other drinks and snacks were available at all times.

There were sufficient staff available to support residents who required assistance or support with their drinks and meals.

Judgment: Compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented since the last inspection in September 2021, further improvements were required to ensure consistency with the national infection prevention and control standards and to protect residents from risk of infection as follows;

- There were not sufficient clinical hand wash sinks outside of the residents' bedrooms and communal bathrooms. Therefore, sinks in residents' bedrooms and communal toilets/showers were serving a dual purpose for both residents and hand wash sinks for staff.
- A suitable hand hygiene sink was not available in the sluice on the first floor.
- Equipment used by residents and examined by the inspector appeared visibly clean, however, a system was not in place to provide assurance that items of

equipment were cleaned after each use.

- Some waste bins did not meet recommended specifications. For example the sides of some waste bins were not enclosed and as such posed a health and safety risk. The inspector also observed some open top waste bins and as such posed a risk of cross infection.
- Cold water dispenser units located on each floor in the centre had limescale residue on the surfaces and therefore could not be effectively cleaned. Limescale residue was also visible around the water outlets in sinks used by staff for hand hygiene purposes and therefore did not support effective hand hygiene procedures.
- The surfaces of the sluice hopper and the front of the bedpan disinfection unit were unclean in the sluice on the first floor and this finding posed a risk of cross contamination.
- Several chairs in the sitting room were covered with fabric and while a cleaning procedure was in place, assurances regarding effectiveness were not available.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The records of simulated emergency evacuation drills available did not provide assurances regarding residents' timely evacuation to a place of safety in the event of a fire or other emergency in the centre requiring evacuation of residents.

Assurances regarding compartmentation for the purposes of containment of fire, fumes and smoke in the event of a fire in the centre were not available.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although each resident's needs were regularly assessed, some residents' care plans did not provide adequate information to guide staff. For example, two residents with assessed high risk of developing pressure ulcers did not have sufficient information in their care plan to inform staff on the care interventions they must provide to mitigate these residents' risk of developing pressure ulcers.

Improvements were also required to ensure the information in some residents' personal and social activity care plans clearly reflected the residents' individual care preferences and wishes.

While the inspector was told that residents' care plans were reviewed in consultation

with them or their families on their behalf, information regarding the content of these reviews, consultation participants or if any changes were made was not available.

Judgment: Substantially compliant

Regulation 6: Health care

Wound care procedures in the centre did not reflect professional best practice standards. For example, there were gaps in two wound dressing frequencies and staff were making decisions regarding wound care including care of recurring wounds in the absence of up-to-date training and tissue viability specialist advice.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Systems were in place to ensure a small number of residents who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported. These residents had a person-centred behaviour support care plan in place that directed staff with taking a positive and supportive approach to managing any episodes of behaviours they experienced. Records of behaviours was maintained for each resident and were for the most part, analysed to assist with identifying triggers to behaviours and effective person-centred de-escalation strategies. These records were also used to inform residents' treatment plans. Staff spoken with had a very good knowledge of residents' individual needs and were trained in managing responsive behaviours.

The inspector found there was a commitment to minimal restraint use in the centre and implementation of the national restraint policy guidelines. Two residents had full-length bed rails in place. Their needs were assessed, and procedures were in place to ensure their safety needs were met. Alternatives to full-length restrictive bed rails were trialled, and the multi-disciplinary team were involved in the decision-making process. Care procedures were in place to minimise the amount of time this restrictive equipment was in place.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The layout and design of one twin bedroom on the first floor did not ensure the privacy needs of one of the two residents in this bedroom could be met during personal care or transferring procedures. For example, the screen curtain was within very close proximity to their bed, one side of which was against the wall.

While, the inspector observed and residents who spoke with the inspector confirmed they had access to meaningful social activities which they enjoyed, the records of the activities residents participated in and their levels of engagement were limited. Therefore, assurances that all residents had opportunity to participate in the social activities available in accordance with their interests and capabilities required improvement.

Not all residents who wished to take their meals in the communal dining room were able to do so.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not 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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0035521

Date of inspection: 08/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff nurses are currently completing training on General wound assessment, Wound Management and Pressure Ulcer assessment prevention and management. Contact has been made with Tissue Viability Nurse to come and conduct inhouse training. PIC/RPR to review and assess all wounds on a weekly basis.</p> <p>All staff nurses are receiving one to one training on care planning with the PIC and RPR.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Quarterly certificates were available to the Inspector on the day of Inspection. The annual lightening certificate for March 2021 to March 2022 was only issued post inspection and is now filed onsite.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

We have 2 passenger lifts and an accessible open lift which provide easy access to communal facilities on the ground floor. This includes Sitting Rooms 1, 2 and 3, the dining room and the coffee shop. As per Health act 2013 as amended Schedule 6 part 1,3(f) and per HIQA standard 2.7.25 .

Additional Fire drills have been conducted and our largest 6 bedroom compartment (7 residents) was evacuated in 5 minutes 46 seconds.

The sluice room on the first floor is currently being redesigned for Infection prevention and control purposes. New equipment has been sourced and arrangements are in place for fitting.

A plan is in place for a complete renovation of the laundry facilities. A maintenance plan has commenced in the interim, the layout has been changed to allow unidirectional flow of laundry and a defined clean and used laundry areas. General maintenance has commenced to repair and paint the floor and wall surfaces.

All staff nurses are completing training on General wound assessment, Wound Management and Pressure Ulcer assessment prevention and management. Contact has been made with Tissue Viability Nurse to come and conduct inhouse training. PIC/RPR to review and assess all wounds on a weekly basis.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A record of all complaints/dissatisfactions made to the Nursing home will be recorded and followed up by the PIC in a timely manner.

A suggestion/comments box is located in the front hall. All residents, staff and visitors are encouraged to use same. This will be monitored by the PIC and all complaints will be discussed/Followed up at Governance and Management and Resident meetings.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

New wardrobes will be provided for residents in the two twin bedrooms to give equal storage space.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A long-term refurbishment plan is in place in St. Joseph's. Major refurbishments of the premises have been undertaken and completed in recent years. The refurbishment plan is broken down into an annual plan, on a phased basis, prioritising works required. This is discussed and reviewed monthly at governance and management meetings, At Resident meetings, along with general maintenance required. The annual refurbishment plan for 2022 is broken down into four phases: PHASE 1: Complete renovation to the second floor, residents' bedrooms. All bedrooms have been renovated, with the removal of twin rooms, now contains eight single bedrooms and additional shower rooms and sluice facilities have been added. Works to this area are in the final stages of completion. PHASE 2: Complete renovation to the ground floor bedrooms (formally rooms 005-008), previously all double rooms. This area has undergone a complete renovation, with three twin rooms removed and the addition of three large single en-suite bedrooms a physiotherapy/Rehabilitation room and additional sluice facilities. Works to this area are in the final stages of completion. PHASE 3: Renovation to sluice facilities. Works are in the final stages of completion to sluice facilities on the second and ground floor areas. Works have commenced to the first-floor sluice to improve the layout and handwashing facilities. New equipment has been sourced and arrangements are in place for fitting. PHASE 4: Renovation to the laundry facilities. A plan is in place for a complete renovation of the current laundry facilities. This will involve a conversion of the adjoining storeroom and current laundry into two separate areas, a clean and used area. A maintenance plan has commenced in the interim, the layout has been changed to allow unidirectional flow of laundry and a defined clean and used laundry areas. General maintenance has commenced to repair and paint the floor and wall surfaces.</p> <p>We have 2 passenger lifts and an accessible open lift which provide easy access from the first and second floor to communal facilities on the ground floor. This includes Sitting room 1, 2 and 3, the dining room and the coffee shop. In the event of restrictions for public health and safety reasons, these communal areas are accessible to residents.</p> <p>Ongoing maintenance continues throughout the nursing home. Painting and maintenance to ground floor corridor is almost complete, painting will then commence to the sitting rooms. Bedroom doors and frames have been repainted. Worn and damaged furnishings including the dining room chairs and tables continue to be replaced/recovered. New grabrails have been ordered and once fitted, old rails will be removed. Residents in the twin room have been moved and this room is to be renovated. The wall between the corridor and the cleaner's room on the ground floor was built up to the ceiling post inspection.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Frequently shared equipment is cleaned after each use, such as wheelchairs, these have now been added to our touch point cleaning checklist.</p> <p>Additional waste bins have been ordered and all open top bins have been replaced. Cold water dispenser units are to be removed for infection prevention and control purposes.</p> <p>A clinical handwash sink is to be sourced and fitted for the treatment room. Multiple Hand sanitizer dispensers are positioned throughout the premises.</p> <p>Assurances regarding effectiveness of cleaning procedure to fabric chairs available on product data sheet on day of inspection, All fabric chairs/furniture are on our deep cleaning list and are steam cleaned as and when required.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The necessary assurances regarding compartmentation for the purposes of containment of fire and simulated emergency evacuation drills from our largest compartment have been forwarded by the provider to the inspector following the inspection. A Fire Safety Engineer has completed a full risk assessment and the report is available on site.</p> <p>A map highlighting each compartment throughout the premises is available and approved by fire safety engineer and is to be displayed at the fire panel. Simulated evacuation from our largest compartment (7 Residents) with scheduled fire training post inspection was evacuated in 5 mins 46 seconds.</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>Gaps in documentation have been highlighted to all nursing staff, an audit schedule is in place and results communicated to staff, to ensure sufficient information is recorded to inform staff of the care interventions required for the individual and to include more</p>	

detailed, personalised information. The PIC and RPR are providing regular one to one training with all staff nurses.

An additional section has been added to the care plan documentation to record consultation/input from the resident/family member on the care plan, reviews and any changes made.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

All staff nurses are completing training on General wound assessment, Wound Management and Pressure Ulcer assessment prevention and management. Tissue Viability specialist is available upon request and has been contacted and input received. PIC/RPR to review and assess all wounds on a weekly basis.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents in the twin room on the first floor have been moved and this room is to be renovated.

The activity records are being revised. The re-introduction of a personalised activities plan for each resident is in process and a review of daily activity records to include more details of the activities the residents participate in and their level of engagement.

The reduction in the seating area available in the dining room is to facilitate physical distancing, residents are given the option to dine together in small groups and in two sittings. Also Additional dining areas are now available in an area of the sitting room for residents use if desired.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/05/2022
Regulation 17(1)	The registered provider shall ensure that the	Not Compliant	Orange	04/03/2022

	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.			
Regulation 17(2)	The registered 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.	Not Compliant	Orange	30/07/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	18/04/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	18/04/2022
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	01/05/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25/04/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	14/03/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	14/03/2022

	procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
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.	Substantially Compliant	Yellow	14/03/2022
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	31/05/2022
Regulation 6(1)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/05/2022

	the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/05/2022
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.	Substantially Compliant	Yellow	31/05/2022