



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Supported Care Home
Name of provider:	St. Joseph's Supported Care Home
Address of centre:	Kilmoganny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	17 February 2021
Centre ID:	OSV-0000555
Fieldwork ID:	MON-0031596

About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 20 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 16 single and two twin rooms. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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How we inspect

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	10:00hrs to 16:00hrs	Helena Grigova	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre unannounced in the morning and the senior healthcare assistant guided the inspector through the infection prevention and control measures necessary on entering the designated centre.

The inspector met with some residents both individually and in small groups. Residents were seen to mobilise around the centre independently, and were observed in communal seating areas. These were found to be furnished with a few statement pieces, such as antique furniture, table lamps and two fire places to make the communal rooms unique and personal for residents. The inspector observed residents watching television, and laughing around the coffee table as they reminisced together. The inspector observed that residents were encouraged and facilitated to socially distance as per national recommendations. Some residents choose to stay in their bedrooms. The inspector saw some ladies were saying the rosary in their rooms, while others were reading newspapers or watching TV. The atmosphere in the centre was very relaxed.

The inspector observed positive interaction between management, staff and residents throughout the inspection. Residents knew the person in charge by name, and said they would approach her if they had some issues or needs. Residents who spoke with the inspector said that 'Staff couldn't be nicer' and 'They are like family to me'. The residents stated that they have no problem speaking to anyone about anything. One resident in particular commented on this, saying that 'I'm delighted to be here, for roughly four and half years, and in all those years I never had a complaint'. Another resident said that if he doesn't like something he will say it, and they will always sort it out for me. It is never a problem'.

The physical environment of the centre was found to be homely and welcoming. The premises comprised a ground floor level and two separate first floor levels. Overall, the building was clean; however, some further improvements were required in relation to the maintenance, cleanliness and general upkeep of some of the internal areas of the building. For example, the inspector noted that there were several seats which were upholstered with fabric which were stained, and there was no system to ensure that they were effectively cleaned. There was rust on grab rails in the residents' toilets, and therefore they could also not be effectively cleaned. Some tiles below the sink in staff bathroom were missing, and the bath was heavily stained. More signage was required for isolation rooms, and to remind people to practice good hand hygiene. There was no refrigerator provided to store specimens which were due to go to the laboratory and the inspector observed that the treatment room was cluttered, and could therefore not be effectively cleaned. Further improvements were needed in terms of the number and location of communal showers for residents. This is further discussed under Regulation 17: Premises and Regulation 9: Residents rights.

Residents were adjusting to current national guidelines, and were not able to be

involved in the life of the community or visit their homes or church as they used to prior the COVID-19 pandemic. Residents social needs had previously been met with some activities in the centre, and and they also enjoyed being part of the wider community. They said they missed being part of the community, and the activities in the centre didn't seem to be enough. The inspector observed that there were long periods of quiet, neutral time where staff supervised the areas, and did not avail of opportunities to engage socially with residents or to support them to engage in activities. The inspector also reviewed the activity records for residents, and was not assured if the residents had enough opportunities to participate in meaningful activities, appropriate to their interests and preferences.

The centre was host to a day service, this was currently closed due to COVID-19. Residents' religious rights continued to be facilitated during the pandemic. While the residents were not able to attend the mass in the local church they had access to a large oratory in the centre, and confirmed that their religious and civil rights supported. For example, the staff facilitated the residents to view religious ceremonies on the television, and the inspector observed that some residents were listening to mass on the local radio stations.

All residents spoken with, said that they felt safe, they were grateful to staff that managed to keep them safe from a COVID-19 outbreak, and supported them to stay in contact with their families during the pandemic. Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. Staff who spoke to the inspector said that 'They had no other choice just to adjust to current guidelines and keep going to keep the residents and everybody around safe'. They were eagerly expecting to receive the second dosage of vaccination with a hope to be able to live a normal life again.

Residents reported the difficulties in not being able to see their loved ones as often as they would like, but one resident said 'families may not be allowed to come into see me; however, my daughter will call me in the morning to say, "good morning," and another will call me late in the afternoon or early evening to say, "good night." Another resident added 'My family can come to the window and say a few words to me'. Some reported that they had not found the 'lockdown' too difficult, as it probably would have been more challenging if they had been alone on their own living at home'.

The inspector observed that the dining room was nicely decorated, and the tables were set up to facilitate social distancing during mealtimes. Residents were observed having a positive dining experience. The residents commented that 'the food is absolutely brilliant'. One resident said that 'everything is handed to us and I can choose what I want to eat'. The inspector observed that the chef was asking residents about their choice before serving the food. The menu was displayed on the notice board with variety of options.

Residents informed the inspector that there was good medical care available. The General practitioner (GP) continued to visit them or they went to GP practice or for other appointments if necessary. Residents said that the person in charge was

always available to help them, and to accompany them. They gave high praise to the staff for their willingness to help and 'nothing was too big for them if they asked'.

Capacity and capability

Overall, the findings on this inspection demonstrated that while there was a commitment to quality improvement, several issues were highlighted that required attention to ensure the service provided was safe, appropriate, consistent and effectively monitored.

St Joseph's Supported Care Home is operated by a voluntary board of management, the chairperson of the board is the Registered Provider Representative (RPR). The centre was established for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 20 residents who require minimal assistance only, in a homely environment.

This centre is registered on the basis that residents do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The staffing levels as set out in the staff rosters reflected the staffing described in the centre's Statement of Purpose (SOP). The person in charge was also supported in her role by a deputy person in charge/staff nurse, and a team of care staff, housekeeping, catering and maintenance staff.

There was evidence of governance meetings, including a board and senior management team. There were also records of management meetings with staff to keep staff informed about national guidelines, and to guide them during the challenging times during the COVID-19 pandemic.

The person in charge was additional to the caring compliment during the week. A staff nurse was working in the centre from 09:00 to 17:30hrs, four to five days each week and every second week the nurse works from 09:00 to 13:00hrs on Friday and Saturday. A nurse is on call on Sundays. A staff nurse also deputises when the person in charge is absent. The centre operated an on-call system at night time when only one staff member was on duty between the hours of 22.30 to 07.00hrs. One care staff worked 12 hour days, one other care staff worked a morning and twilight shift, and one care staff covered the night shift. A senior health care assistant was knowledgeable about individual residents' needs and interests, and was observed providing assistance in a caring and respectful manner. Staff reported that 'it's a very nice place to work and it's like working with our family'.

The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. The nursing staff files contained documentation confirming their up-

to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann. However, improvement was required in relation to the induction of new staff, and verification of their references. The inspector found that not all staff working with residents had received an induction, and had not completed mandatory training. This posed a potential risk to residents as staff did not have clear information about the policies and procedures to follow relevant to their role, including, fire safety and infection control.

There was a system of audits in place to monitor the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to residents' weight, pressure ulcers, dependency, medication management, care planning and falls. However, the inspector found that some management systems were not sufficiently robust and needed improvement. This included the management of risk in the centre, and the oversight of the environmental infection prevention and controls audits. These audit tools did not pick up on the areas that needed urgent improvement that were identified by the inspector on this inspection.

Risk management and infection control practices were not well managed. The inspector found several areas for improvement. It was of particular concern that there was no COVID-19 risk assessment and the contingency plan was not updated to reflect recent emergency team arrangements. Furthermore, relevant policies for COVID-19 had not been updated. This lack of preparedness put residents at an increased risk of contracting COVID-19. These are discussed in detail under Regulation 27: Infection Control, Regulation 4: Written Policies & Procedures and Regulation 23: Governance and Management.

The inspector was assured that infection control measures such as active surveillance for signs and symptoms of COVID-19 for all staff and residents was carried out with twice daily temperature checks. This documentary evidence was available on the day. Also all staff and residents in the centre were participating in the national programme of testing for COVID-19, and in the vaccination programme.

The inspector found that risk was not well managed in the centre. The risk register was not kept up to date. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed.

Residents and staff were aware of the centre's complaints procedure. Arrangements were in place for the investigation and recording of complaints, and the satisfaction of the complainant was recorded. The annual review of the quality and safety of care had been undertaken in 2020, which included resident and relative consultations and feedback. The review was available in the centre and it included a quality improvement plan.

Regulation 14: Persons in charge

The person in charge was a registered nurse and had worked in the centre since 2015. She had commenced in this role on 14 November 2020. She worked full-time

in the centre, and demonstrated good clinical knowledge about the individual needs of each resident. The person in charge holds a management qualification, and was engaged in continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the low dependency needs of the residents. However, the inspector required that staffing levels were kept under review in light of COVID-19 outbreaks, and arrangements for night duty staffing levels, and household staff to allow for full allocation of staff to work in the designated zones.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the staff training matrix found gaps in the mandatory training of the centre. Fire training, moving and handling training and medication management training was out of date for the majority of staff. The person in charge took immediate action to address this.

There was evidence from staff files, from speaking to staff, and the person in charge that staff were suitably recruited. However, improvement was also required in the verification of references to ensure references were submitted from the person's most recent employer in line with Schedule 2: Health Act 2007(Care and Welfare in designated centres for older persons) Regulation 2013. The inspector also identified some gaps in the induction process. For example; not all newly employed staff had a record of their induction in their files.

Judgment: Not compliant

Regulation 22: Insurance

There was a contract of insurance in place which covered injury to residents. It also, covered loss or damage to residents property together with other risks associated with carrying on a business.

Judgment: Compliant

Regulation 23: Governance and management

Risks were not appropriately assessed and managed. The oversight of cleaning practices require strengthening:

- Hazards and risks were not consistently assessed, and controls were not put in place to mitigate risks. This is further discussed under Regulation 26: Risk management.
- COVID-19 preparedness plan was not updated since May 2020. Correct information on the Lead person and the Emergency management team in case of COVID-19 outbreak with the deputising arrangements were not updated to reflect current management structure.
- Staff engaged in household duties did not have the required knowledge and competencies to effectively clean the premises and equipment.
- Oversight of household staff and cleaning procedures required improvement to ensure that the risk of cross contamination was mitigated.
- The COVID-19 policy, COVID-19 risk assessment and the latest relevant 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*' were not available to staff at the centre.

The infection prevention and control audit in use was not comprehensive, and failed to pick up on practices and procedures identified by the inspector that were not in compliance with the standards for prevention and control of healthcare associated infections, and in line with health protection and surveillance (HPSC) guidance. These findings are described under Regulation 27: Infection control.

The provider did not have appropriate arrangements in place for new staff to receive suitable training in fire safety and emergency procedures. Arrangements for fire drills also required improvement. This could impact on the safety of residents, especially at night when there was one staff on duty.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was revised and met the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure
A policy was available to inform the procedures for receiving and managing complaints from residents or others. The complaints log was reviewed, and showed that complaints were recorded in line with the regulations, and investigated thoroughly and appropriately. Advocacy information was displayed, and this independent service was accessible to residents.
Judgment: Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people
The annual fees and registration renewal fees were paid.
Judgment: Compliant
Regulation 4: Written policies and procedures
The schedule 5 policies were available for review. The inspector found that there was an absence of a COVID-19 policy and a number of policies were not updated to reflect the impact of COVID-19 in areas such as medication management, admissions, transfers to and discharges from long term residential facilities, risk management, nutrition, infection control, cleaning and visiting.
Judgment: Not compliant
Regulation 21: Records
The Fire Policy and the Fire Safety Register did not reflect current Fire officer arrangements as the person displayed was not working in the centre anymore.
Judgment: Substantially compliant
Quality and safety

Staff supported residents to maintain their independence, and residents enjoyed a good quality of life. Residents had good access to general practitioner (GP) services and pharmacy. Staff liaised with the community services regarding access to allied healthcare services, and with acute services regarding appropriate admission and discharge arrangements. The records evidenced consultations with a variety of community professional services such as dietitian, and speech and language therapy services. The residents were able to advocate for themselves, and they also had access to independent advocacy through the national advocacy service.

Each resident's needs were assessed prior to admission. When residents were admitted detailed care plans were put in place to describe how residents identified needs were to be met, and these were reviewed every four months or sooner if required. However, some improvements were needed in the care plans to reflect the changed needs of residents.

Formal residents' meetings were facilitated along with one-to-one consultations where resident's preferences were ascertained and facilitated. There was evidence that issues raised by residents were acted upon. For example; changing of the room temperature, or different meal choices being added on the menu.

The layout and design of the centre was home style with bedrooms on the ground, and first floor, and two communal rooms on the ground floor. The building was found to be well maintained. It was generally clean, but the condition of some surfaces did not support effective cleaning. Alcohol gel dispensers were available, and in use throughout the building. Issues which impacted the cleaning service, and infection prevention and control were identified by the inspector. These are discussed under Regulation 27: Infection control.

Arrangements for the investigation and learning from serious incidents, or adverse events involving the residents formed part of the risk management processes.

There was evidence of daily, weekly and monthly fire safety checks being carried out. All fire exits were observed to be free of any obstructions. Up-to-date service records were available for the centre's L1 fire alarm system, the fire panel, emergency lighting and fire extinguishers. Personal emergency evacuation plans (PEEPs) were available for all residents. Staff attended fire safety training which was organised in 2020; however, new staff who were employed since September 2020 had not had fire safety training. Furthermore, the inspector had concerns regarding fire safety arrangements in the centre, especially at night when there was one staff member on duty. The staff member would have to close fire doors, alert emergency services, evacuate the residents and provide first aid if required. This is detailed under Regulation 28: Fire Precautions.

Regulation 17: Premises

The inspector found that the centre was warm, bright and homely in appearance;

however, the following issues were identified:

- Nine residents downstairs had access to one communal bathroom which contained a shower, and three residents upstairs had access to one communal bathroom which contained a bath. This resulted for three residents living on first floor having to share one shower with other nine residents downstairs. The person in charge confirmed that they received a grant for the installation of an assisted shower into the existing communal bathroom on the first floor. However, the location of the shower on the ground floor was not optimal. It was distant from one bedroom in particular. The resident had to walk through communal areas in order to access the shower, or walk upstairs if the bathroom downstairs was occupied. The impact is further discussed under Regulation 9: Residents rights.
- There was no separate storage room for cleaning equipment. The cleaning trolley was stored in the laundry room, and cleaning chemicals were stored in the sluice room. A separate cleaning room was required to align with National Standards, 2016 (this included lockable safe storage for cleaning chemicals, a stainless steel sluice sink and appropriate ventilation).

Judgment: Not compliant

Regulation 26: Risk management

The risk register was available for review. The inspector noted that the environmental risks identified for the kitchen were not reviewed since 2017. In addition, a comprehensive COVID-19 risk assessment had been not completed.

Judgment: Not compliant

Regulation 27: Infection control

Overall audit results showed good compliance; however, through this inspection the need for further improvement was identified, as detailed below:

The oversight and management of cleaning process and procedures required strengthening:

- There was one cleaning staff on duty five days a week from 8.00 to 14.00hrs. There was no cleaner on duty at the weekends. If the household staff member was on annual leave, and over the weekends the care staff was assigned to do the household duties during their shifts along with their care duties. However, the inspector observed inconsistencies in the housekeeping checklist for daily cleaning over the weekends. Although the management

verbally outlined to the inspector the arrangements in place for carers to complete these tasks, there was no records to confirm this arrangement when requested. Furthermore, given the layout of the building, and the intensified cleaning regimen required to prevent an outbreak of COVID-19 in the centre, this poses an increased risk to residents and staff. Additionally, the cleaning schedule documentation of frequently touched areas, the terminal cleaning records for residents' rooms, and cleaning schedules for ancillary facilities also required review, and implementation in the practice.

- The cleaning trolley was dirty, and there was no procedure in place to ensure this equipment was deep cleaned.
- Cleaners were making up cleaning solutions in the sluice room, and the cleaning trolley was stored in the laundry. These practices could lead to cross contamination.
- The cleaning procedures were not followed up. For example; used conventional mops were left lying on the floor. Dirty mops were not immersed in a bucket of disinfectant, but staff continued to use them in the next bedroom. This also posed an additional trip hazard. Similarly, used cloths for cleaning were left on the window sill with the cleaning equipment. Therefore a review of hygiene service provision in terms of skills, numbers and knowledge of the housekeeping staff, and other care staff was required.
- Drip trays were not fitted under the bedpan, and urinal storage unit and the storage unit was rusty.
- The inspector saw that there was not sufficient segregation of clean and used linen. Used linen when it was taken to the laundry to be washed, was transported through an area where clean duvets, and other clean equipment was stored. This presented a risk of cross contamination, therefore work-flows in the laundry required review.
- Inappropriate open-top waste storage bins were observed to be in use in several areas of the centre.
- The inspector observed stains on medical equipment, and found that there was no record of cleaning and decontamination of blood glucose monitoring equipment, nebulising machine, and dressing tray, which could lead to cross infection if not cleaned between uses.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider did not have adequate precautions against the risk of fire:

- The inspector reviewed the fire drill report. There was no fire drill carried out to simulate a night time evacuation. This was necessary to provide assurances that residents could be safely evacuated by one staff member on duty between the hours of 22.30 to 07.30hrs. The inspector saw that the largest compartment of the centre had eight single bedrooms, and one twin

room. The person in charge stated that there was a fire emergency plan in place, and staff who lived nearby will come to help with the evacuation. An urgent action plan was required for the registered provider to organise a fire drill to ensure that residents in the largest compartment could be safely evacuated with night time staffing levels. A full compartment evacuation was undertaken following the inspection with night time staffing levels, which provided the necessary assurances. Ongoing fire drills of compartments are required to improve times and efficiency of evacuations.

- Not all bedroom doors were connected to the central fire alarm system as they were not fitted with automatic closing devices, and therefore would not automatically close on activation of fire alarm. This will make the evacuation more difficult as they can delay the spread of fire, and allow time to evacuate the centre.
- Staff employed since September 2020 had not had fire safety training, and had not attended fire drills.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There were a number of issues identified with residents' assessment and care planning documentation in the centre:

- Assessments were completed using validated tools; however, the inspector saw that a falls risk assessment was not completed following a fall. This was not in line with the falls risk policy.
- All residents were weighed on a monthly basis. However, two residents who lost significant weight did not have a nutritional assessment completed with a corresponding care plan.
- A resident with urinary catheter did not have a supporting care plan in place.

Judgment: Substantially compliant

Regulation 6: Health care

The general practitioner (GP) visited regularly, and throughout the COVID-19 pandemic the general practitioner (GP) was available by phone access. A choice of GP was facilitated where necessary. Residents told the inspector that they would go to their GP surgery if required. Records showed residents had access to a range of allied healthcare professionals including dietitian, speech and language therapist, chiropodist and dentist.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, care was person centred and resident's rights were upheld. However, residents said that since the COVID- 19 pandemic began activities had been significantly reduced due to national restrictions. The inspector did not see any activities happening on the day, and there was nobody assigned to organise activities. The person in charge outlined that it was the responsibility of all staff to engage with residents regarding activities, but this was not evident from the activities calendar and records. The inspector observed that many residents spent long periods of the day in their bedrooms watching television, or listening to the radio, and had limited opportunity for meaningful social interaction.

At the time of the inspection there was only one shower available to meet the needs of 12 residents. There were nine residents who were living downstairs, and three residents from first floor who did not have an en suite bathroom facilities. The inspector noted that one bedroom downstairs was located a distance away from the shower room. The resident had to either walk through communal day areas to reach the shower room downstairs, or walk up the stairs through the reception to access the bathroom upstairs. Another three residents accommodated upstairs had to walk downstairs, and travel through communal areas to access the shower located on the ground floor. A review was required to ensure that shower facilities were accessible to all residents.

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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0031596

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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have employed 2 cleaners to ensure cleaning is in place 7 days a week. There will be 2 night duty care staff on duty if a covid-19 outbreak occurs in the home.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff completed manual handling training on the 29th and 30th of March 2021. All staff are now up to date with manual handling. Fire training cannot commence when level 5 restrictions are in place. We have booked fire training and will have all staff updated with training as soon as restrictions allow. All new staff have had induction processes noted in their files. Medication training is nearly completed. All online theory has been completed and we are awaiting an on-site assessment of our relevant staff once covid-19 restrictions allow for an external examiner to visit the home. All recommendations are being implemented.</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> <p>Our cleaning practices have been addressed. At the advice of our HIQA inspector, we welcomed an Infection Prevention and Control officer from the HSE to the home to inspect and guide us with our current practices. This inspection was thorough and advice was given to us on how we could improve. The IPC officer was aware of our funding issues so was realistic on how we could achieve safe practice in correspondence to our budget. We have commenced our addressment of these issues and we are making progress. The preparedness plan was updated in January 2021. The date unfortunately had not been noted on the plan so appeared to require addressing. We have progressed with our prepared plan since the inspection and feel it now meets requirements in reflection to HSPC guidelines. Covid-19 risk assessments have now been put in place.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies have now been improved and updated.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Fire officer has now been arranged. Fire records have been amended to reflect current fire officer arrangements.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Installation of the shower on the first floor is near completion.</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk register is now updated to reflect risks in the kitchen. Our risk register will continue to be maintained as a live document going forward.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have introduced new cleaning schedules. 2 new part time cleaning staff have been employed. One cleaner will do a 6 hour shift each day of the week. These 2 part time cleaners will thoroughly do intensive cleaning for their hours on duty and concentrate of areas that require time. The staff on duty for the remaining hours will continue to monitor and implement cleaning. Our cleaning records have been reviewed and updated. We have bought a steam cleaner to help deep clean surfaces of the home. IPC visited the home and did a full report on what changes were required for the home. We have moved the cleaning trolley to a more appropriate site of the building where it will eventually have its own designated room.</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 company we have hired for fire equipment servicing and training will assist in a full fire safety drill for both day and night simulation once restrictions ease and allow them to enter the premises. Meanwhile management, staff and residents have simulated our own fire drill and evacuation for practice purposes. Our evacuation times have resulted in under 4 minutes for both day and night simulations. We have had 5 new staff commence since our last fire training in September 2020 who are still awaiting fire training but we are awaiting restrictions to ease from level 5 until we can avail of training. In house fire safety training has been provided to these staff members so as to achieve some fire training proficiency with in the new employees. Quotation has been sought for the installation of fire door magnets for the bedroom doors. The board of management have approved the funding for this equipment and we will be progressing towards installation</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>All staff have been trained in the completion of fall risk assessments. Nutritional assessments are now completed. The 2 residents noted in the report, had been reviewed by their G.P.'s. Weight supplementation has been implemented as prescribed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>At the time of the inspection, activities in the home commence from 2pm to 5.30pm. Activities differ daily and staff are respectful to which activities residents want to participate in. Further to the inspection, one of our new employees who is an art and sculpture student, will be incorporating more art projects into the activity schedule. Music has recommenced in the last 5 weeks where we have had professional and local musicians visit the home to entertain our residents in our outside courtyard. Resident activity plans have all been updated.</p> <p>All documentation in relation to activities has been improved.</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.	Substantially Compliant	Yellow	05/04/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	31/05/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	05/04/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Yellow	30/04/2021

	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	Yellow	30/04/2021
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	24/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	21/04/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Not Compliant	Yellow	24/03/2021

	identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Yellow	24/03/2021
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.	Not Compliant	Yellow	18/05/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Yellow	31/05/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the	Not Compliant	Yellow	31/05/2021

	designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	05/03/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Yellow	05/03/2021
Regulation 04(2)	The registered	Not Compliant	Yellow	05/04/2021

	provider shall make the written policies and procedures referred to in paragraph (1) available to staff.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Yellow	24/03/2021
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	24/03/2021
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	05/03/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	05/03/2021

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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