



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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| 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: | 24 June 2019 |
| Centre ID: | OSV-0000555 |
| Fieldwork ID: | MON-0021558 |

About the designated centre

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

In their statement of purpose, St. Joseph's Supported Care Home state that the centre provides an opportunity for people to enhance their independent quality of life in a safe and comfortable environment with a wide range of support and social facilities. It 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. Residents' rooms appear comfortable and provide the necessary space and storage for furniture and individual belongings. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. A laundry and a sluice room are also available. Provisions were in place to address health and safety hazards including call-bell systems, where necessary. 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:

19

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 |
|--------------|-------------------------|--------------|------|
| 24 June 2019 | 09:30hrs to 17:00hrs | Sheila Doyle | Lead |

What residents told us and what inspectors observed

The inspector met with some residents both individually and in small groups.

Residents commented on the respect that staff had for their views and wishes. Their choices were respected and staff always knocked on the door before entering the room. Residents spoke about being part of a big family. Residents told the inspector about the links they had with the local community and how much they enjoyed meeting up with their neighbours and friends.

Some residents said they would like a bit more to do during the day. The person in charge undertook to ensure that the activity programme was reviewed and displayed.

Residents were very complimentary about the meals and the choices available. Some residents felt that breakfast was a little early and the person in charge gave a commitment to review this with all residents.

Residents said they were consulted with, on a daily basis, and regular residents' meetings were facilitated. Throughout the inspection, residents were seen to be treated with dignity and respect and their wishes were respected.

Residents spoke very highly of the services provided by the general practitioner (GP) and said the GP attended the centre on a regular basis and they were happy about this.

Capacity and capability

This centre is registered on the basis that the 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.

Overall, a good service was being provided to the residents.

During the inspection, the person in charge demonstrated sufficient knowledge and leadership. Appropriate deputising arrangements were in place. This resulted in a positive impact on the care and support for residents. There were several recent changes in the management team although a clearly defined organisational structure was still in place.

Information was being gathered and reviewed to inform the quality and safety of

care. The registered provider representative assured the inspector that Garda Síochána (police) vetting was in place for all staff.

Appropriate arrangements were in place to ensure that staff had access to training as required.

Volunteers worked in the centre and added to residents' quality of life. They provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all volunteers had been vetted appropriate to their role, and their roles and responsibilities were set out in a written agreement as required by the regulations.

Staff were well informed and were observed to have friendly relationships with residents. Documentation such as the directory of residents, was found to be complete. Some minor gaps were noted in a sample of staff files.

Regulation 14: Persons in charge

The person in charge is a registered nurse. She continues to attend clinical courses such as medication management and first aid.

During the inspection she demonstrated her knowledge of the regulations and the standards and although only recently taking up the post, outlined plans in place to further improve the service.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up to date. The inspector noted that a training needs analysis was carried out for 2019 and a detailed training schedule was in place.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place and the inspector noted that the sections reviewed during inspection set out the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

Some minor gaps in employment records were noted in two of four staff files reviewed.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence was available that insurance was in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider representative and person in charge, supported by a board of directors, had good governance and oversight of the service.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, infection control procedures, care plans, medications and others. The results of audits were shared with staff for learning.

There was evidence of consultation with residents both at residents' meetings and also through satisfaction surveys. The annual review of the service was completed for 2018.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was currently being updated to reflect changes in the organisational structure.

Judgment: Compliant

Regulation 30: Volunteers

Documentation relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete.

Judgment: Compliant

Regulation 31: Notification of incidents

A log was maintained of all accidents and incidents that took place in the centre. The Chief Inspector received notifications of accidents and incidents, when required. The inspector followed up on a number of notifications and saw that suitable actions had been taken regarding each accident or adverse event. Regular audits were carried out.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider representative was aware of notification requirements for periods when the person in charge is absent from the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' were encouraged to bring any complaints and concerns to the staff. The inspector noted that no complaints had been received in the previous 18 months.

A policy was in place to guide practice and the procedure was on display in the front reception area.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Appropriate procedures and arrangements are in place for periods when the person in charge is absent from the designated centre.

Judgment: Compliant

Quality and safety

Overall, the findings showed that, on the day of inspection, the residential centre was providing good quality care and support.

Staff knew the residents well and were knowledgeable about the levels of support and interventions that were needed to engage with residents effectively. Staff demonstrated genuine respect and empathy in their interactions with residents and, as a result, care was person-centred.

Residents told the inspector that they felt safe in the centre, and that they were able to talk to staff if they had any concerns. Visitors confirmed they were encouraged to be part of the residents' lives.

Residents health needs were met including ongoing medical and nursing reviews and access to the national screening programme. Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). No restrictive practices were in use at the time of inspection.

The health and safety of residents, staff and visitors were promoted and fire procedures were in place. The fire safety register and associated records were maintained, and precautions against the risk of fire were in place. Robust infection control procedures were also in place. Adequate storage space, including lockable space, was provided for residents' possessions.

The premises were homely and accessible and provided adequate physical space to meet each resident's needs. The centre remained part of the local community, providing day services and meals to people in the local community.

Some planned improvements were required and the inspector was aware that funding was currently being sought for these. This included the provision of additional staff facilities, changing an upstairs bathroom to a more accessible shower room and putting additional shelving in shared en-suites. Once completed, these improvements will add to the quality and safety of care being provided.

Regulation 11: Visits

It was noted that visitors were welcomed in the centre, and encouraged to participate in the residents' lives.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could have their laundry attended to within the centre. The inspector visited the laundry was organised and well-equipped. Appropriate procedures were in place for the safe return of clothes.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

All areas looked clean and well-maintained. The centre was observed to be homely, warm and bright. Resident's bedrooms were personalised with photographs, pictures and ornaments.

Additional improvements were underway at the time of inspection to ensure compliance with the regulations and standards. The dining room was being made more homely with new tablecloths and curtains. The action required from the previous inspection relating to unguarded radiators had been addressed.

The planned improvements, outlined earlier, will need to be completed to comply with regulations and standards.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Residents spoke very highly about the meals they were given.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter.

The person in charge said they were currently reviewing the timing and arrangements for breakfast following feedback from residents.

Judgment: Compliant

Regulation 27: Infection control

Infection control procedures, in line with national guidelines, were in place. Regular audits and competency assessments were carried out to ensure that all staff were aware and were following the guidelines in place. The inspector noted that the principals of infection control were also discussed with residents.

Judgment: Compliant

Regulation 28: Fire precautions

Precautions against the risk of fire were in place. Training and servicing records were up to date. The inspector noted that some residents also attended training sessions. Evidence was available that fire drills were carried out on a regular basis.

The inspector also noted that there was a list and contact numbers of local volunteers who could be called upon in the event of a fire. Training had been provided to these volunteers.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and healthcare including a high standard of evidence-based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Support and advice was available from the psychiatric services.

No restrictive practices were in use at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

Currently, the provider did not act as a pension agent for any residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of absence | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |

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

Inspection ID: MON-0021558

Date of inspection: 24/06/2019

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: Since the inspection all staff records have been updated to show compliance with the regulations and all documentation is now present in each file</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Since the inspection issues that were highlighted have been addressed. The freezers in the outside garage have now been fully cleaned up and painted. Suitable shelving for shared bathrooms/Shower rooms has been sourced. Quotes have been obtained for the works required for the adaption of the bathroom upstairs to a wet room and for the facilities required next to the kitchen for staff. These quotes have been forwarded to the HSE for their perusal. We have also included a memo stating the urgency of funding for these works.</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 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. | Substantially Compliant | Yellow | 31/12/2019 |
| 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 | 30/06/2019 |